

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 21, 2017
Secretary of State
CC1846217505

Entity Name: ENGINEERING SYSTEM SOLUTIONS, LLC

Current Principal Place of Business:

4943 N 29TH E STE A
IDAHO FALLS, ID 83401

Current Mailing Address:

4943 N 29TH E STE A
IDAHO FALLS, ID 83401

FEI Number: 27-3962358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name CJ GROUP INC
Address 4943 N 29TH E STE A
City-State-Zip: IDAHO FALLS ID 83401

Title MANAGING MEMBER
Name GA MEYER PROFESSIONAL CORPORATION
Address 3632 N RANCHO DR
City-State-Zip: LAS VEGAS NV 89130

Title MANAGING MEMBER
Name ROBERT J HATCH ENGINEER INC
Address 1677 EUREKA RD STE 101
City-State-Zip: ROSEVILLE CA 95661

Title MANAGING MEMBER
Name HNS GROUP INC
Address 4943 N 29TH E STE A
City-State-Zip: IDAHO FALLS ID 83401

Title MANAGING MEMBER
Name DH2JR INC
Address 4943 N 29TH E STE A
City-State-Zip: IDAHO FALLS ID 83401

Title MANAGING MEMBER
Name J & J GROUP INC
Address 4943 N 29TH E STE A
City-State-Zip: IDAHO FALLS ID 83401

Title MANAGING MEMBER
Name J&T COMPANY INC
Address 4943 N 29TH E STE A
City-State-Zip: IDAHO FALLS ID 83401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /DENISE CURTIS/

ACCOUNTING ASSISTANT 03/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date