

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000007884

**Entity Name:** CH2M FACILITY SUPPORT SERVICES, LLC

**Current Principal Place of Business:**

6312 S. FIDDLER'S GREEN CIRCLE  
SUITE 300N  
GREENWOOD VILLAGE, CO 80111

**Current Mailing Address:**

6312 S. FIDDLER'S GREEN CIRCLE  
SUITE 300N  
GREENWOOD VILLAGE, CO 80111 US

**FEI Number:** 47-5494359

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
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	MANAGER	Title	MANAGER
Name	MELCHIORRE, KENNETH J	Name	SCHER, BRIAN
Address	6312 S. FIDDLER'S GREEN CIRCLE SUITE 300N	Address	6312 S. FIDDLER'S GREEN CIRCLE SUITE 300N
City-State-Zip:	GREENWOOD VILLAGE CO 80111	City-State-Zip:	GREENWOOD VILLAGE CO 80111

*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:** KENNETH J. MELCHIORRE

**MANAGER**

**04/24/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date