# 2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000005017

Entity Name: GARDNER BUILDERS US, LLC

## **Current Principal Place of Business:**

730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS, MN 55402

# **Current Mailing Address:**

730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS, MN 55402 US

# FEI Number: 83-4664544

### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324 US

Certificate of Status Desired: No

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

#### Authorized Person(s) Detail :

Title	MANAGER	Title	MEMBER
Name	GARDNER, ROBERT	Name	GARDNER, ROBERT
Address	730 SECOND AVENUE SOUTH, SUITE 1233	Address	730 SECOND AVENUE SOUTH, SUITE 1233
City-State-Zip:	MINNEAPOLIS MN 55402	City-State-Zip:	MINNEAPOLIS MN 55402
Title	MANAGER	Title	MANAGER
Name	GARDNER BUILDERS COMPANIES, LLC	Name	GARDNER, BOB
Address	730 SECOND AVENUE SOUTH, SUITE 1233	Address	730 SECOND AVENUE SOUTH, SUITE 1233
City-State-Zip:		City-State-Zip:	MINNEAPOLIS MN 55402
Title	MANAGER	Title	MANAGER
Title Name	MANAGER HANSON AMY	Title Name	MANAGER HECKER, DAVID
Title Name Address	HANSON, AMY 730 SECOND AVENUE SOUTH,		-
Name	HANSON, AMY 730 SECOND AVENUE SOUTH, SUITE 1233	Name	HECKER, DAVID 730 SECOND AVENUE SOUTH, SUITE 1233
Name Address City-State-Zip:	HANSON, AMY 730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS MN 55402	Name Address	HECKER, DAVID 730 SECOND AVENUE SOUTH, SUITE 1233
Name Address City-State-Zip: Title	HANSON, AMY 730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS MN 55402 MANAGER	Name Address City-State-Zip:	HECKER, DAVID 730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS MN 55402
Name Address City-State-Zip:	HANSON, AMY 730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS MN 55402	Name Address City-State-Zip: Title	HECKER, DAVID 730 SECOND AVENUE SOUTH, SUITE 1233 MINNEAPOLIS MN 55402 MANAGER

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MEMBER

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: BERT WESTERMAN

Electronic Signature of Signing Authorized Person(s) Detail

04/04/2022

Date

# Authorized Person(s) Detail Continued :

Title	MANAGER, MEMBER
Name	WESTERMAN, BERT
Address	730 SECOND AVENUE SOUTH, SUITE 1233
City-State-Zip:	MINNEAPOLIS MN 55402