





STATE OF MONTANA SECRETARY OF STATE 2024 ANNUAL REPORT

FILING FEE: WAIVED prior to April 15 FILING FEE: \$35.00 after April 15

For Office Use Only STATE OF MONTANA

-FILED-

SECRETARY OF STATE

File Number: 15940311 Date Filed: 1/4/2024 10:42:43 AM

Business Type				
Business Type		Domestic Limited Liability Company		
Business Sub-Type		Limited Liability Company		
Business Name				
Name of Business Entity	COP CONS	COP CONSTRUCTION LLC		
The file number of this entity on the records of Secretary of State is	of the Montana C118051			
Country of Organization	United State	United States		
State of Organization	Montana	Montana		
Annual Report Year	2024	2024		
Business Purpose	NONE STAT	NONE STATED		
Business Mailing Address of Principal Office				
Address		PO BOX 20913 BILLINGS, MT 59104-0913		
Business Physical Address of Principal Office				
Address		242 South 64th Street West Billings, MT 59106		
The registered agent on record is:				
Registered Agent	Tonya Appelt Non-Commercial Registered Agent			
		Agent Number		
		RA1336619		
		Email Address		
		tappelt@copconstruction.com		
		Website Physical Address		
	242 S 64TH	242 S 64TH ST W BILLINGS, MT 59106-2740		
		Mailing Address		
	PO BOX 20	PO BOX 20913 BILLINGS, MT 59104-0913		
Select the Type of Change Select one if a registered agent change is ne	eeded:			
LLC Management				
LLC Managed By	Members	Members		
Members				
Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity	
	12 S 64TH STREET WEST LLINGS, MT 59106		Active Registered Entity	

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Email

Declar	ations						
\boxtimes	I understand that the information I enter into the online system is public information and will appear online and on copy requests exactly as I key it into the system.						
\boxtimes	I have been authorized by the business entity to file this document online.						
×	I, HEREBY SWEAR AND/OR AFFIRM, under penalty of law, including criminal prosecution, that the facts contained in this document are true. I certify that I am signing this document as the person(s) whose signature is required, or as an agent of the person(s) whose signature is required, who has authorized me to place his/her signature on this document.						
Signat	ure						
Self		Tonya Appelt	01/04/2024				
Signe	er's Capacity	Sign Here	Date				
Pos	ition	Authorized Agent					
Daytim	ne Contact						
Phone Number (406) 656-4		2					

tappelt@copconstruction.com

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