



STATE OF MONTANA
 SECRETARY OF STATE
 2025 ANNUAL REPORT

STATE OF MONTANA
-FILED-
 SECRETARY OF STATE
 File Number: 16797384
 Date Filed: 9/10/2025 7:26:55 PM

Business Type									
Business Type	Domestic Limited Liability Company								
Business Sub-Type	Limited Liability Company								
Business Name									
Annual Report Year	2025								
Name of Business Entity	Stillwater Builders LLC								
Montana File Number	C1290816								
Country of Organization	United States								
State of Organization	Montana								
Business Purpose	Construction								
Business Mailing Address of Principal Office									
Address	427 W STORY STREET BOZEMAN, MT 59715-6194								
Business Physical Address of Principal Office									
Address	None								
The registered agent on record is:									
Registered Agent	Ben Schachner Non-Commercial Registered Agent Agent Number RA1290955 Email Address ben@stillwaterbuildersllc.com Website Physical Address 427 W STORY ST BOZEMAN, MT 59715-4553 Mailing Address 427 W STORY ST BOZEMAN, MT 59715-4553								
LLC Management									
LLC Managed By	Managers								
Managers									
<table border="1"> <thead> <tr> <th>Name Of Individual Or Business Entity</th> <th>Business Mailing Address</th> <th>Email Address</th> <th>Active Registered Entity</th> </tr> </thead> <tbody> <tr> <td>Ben Schachner</td> <td>427 W STORY STREET BOZEMAN, MT 59715-5971</td> <td></td> <td></td> </tr> </tbody> </table>		Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity	Ben Schachner	427 W STORY STREET BOZEMAN, MT 59715-5971		
Name Of Individual Or Business Entity	Business Mailing Address	Email Address	Active Registered Entity						
Ben Schachner	427 W STORY STREET BOZEMAN, MT 59715-5971								
Declarations									
<input checked="" type="checkbox"/> I confirm I have reviewed the information set forth in this Annual Report and that all information is correct and factual.									
<input checked="" type="checkbox"/> I have been authorized by the business entity to file this document online.									
<input checked="" type="checkbox"/> 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.									

Signature

B1492-3915 09/10/2025 7:26 PM Received by MT Secretary of State Christi Jacobsen

<i>Self</i>	<i>Benjamin Schachner</i>	<i>09/10/2025</i>
Signer's Capacity	Sign Here	Date
Position	Manager/Member	
Daytime Contact		
Phone Number	(802) 363-8459	
Email	ben@stillwaterbuildersllc.com	