

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000315

Entity Name: WEST PALM BREAD, LLC

FILED  
Apr 07, 2009  
Secretary of State

**Current Principal Place of Business:**

2414 NORTH WOODLAWN SUITE 201  
WICHITA, KS 67220

**New Principal Place of Business:**

**Current Mailing Address:**

2414 NORTH WOODLAWN SUITE 201  
WICHITA, KS 67220

**New Mailing Address:**

FEI Number: 48-1241985

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KIRK, WILLIAM N  
GOULD, COOKSEY, FENNELL ET AL, PA  
979 BEACHLAND BLVD  
VERO BEACH, FL 32963 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KAROLICK, H. ROGER  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

Title: MGR ( ) Delete  
Name: WALSH, WILLIAM J JR.  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

Title: MGR ( ) Delete  
Name: PAYNE, LARRY F  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

Title: MGR ( ) Delete  
Name: KIRK, ALBERT J  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

Title: MGR ( ) Delete  
Name: WIGGINS, DALE E  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

Title: MGR ( ) Delete  
Name: MILLER, KENNETH R  
Address: 2414 NORTH WOODLAWN SUITE 201  
City-St-Zip: WICHITA, KS 67220

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WILLIAM J. WALSH, JR

MGR

04/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date