

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90215 049 \*\*\*\*50.00

**DOCUMENT # M01000001725**

1. Entity Name  
**WELLINGTON BREAD, LLC**



Principal Place of Business  
**2414 N. WOODLAWN #201  
WICHITA KS 67220**

Mailing Address  
**2414 N. WOODLAWN #201  
WICHITA KS 67220**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

Zip  
Country

4. FEI Number **48-1248657**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	<b>MGR KAROLICK, H. ROGER 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR PAYNE, LARRY F 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR WIGGINS, DALE E 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR WALSH, WILLIAM J JR. 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR KIRK, ALBERT J 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete	<b>MGR MILLER, KENNETH R 2414 N. WOODLAWN #201 WICHITA KS 67220</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

CR2E083 (10/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: DALE E. WIGGINS 1/13/03  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #