## 2004 LIMITED LIABILITY COMPANY



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DOCUMENT # M0200001023  1. Entity Name BAL HARBOUR BREAD, LLC						04-19-2	:004 9002		
Principal Place of Business 2414 NORTH WOODLAWN, STE. 201 WICHITA, KS 67220		Mailing Address 2414 NORTH WOODLAWN, STE. 201 WICHITA, KS 67220		∑₫∩₫つ੧±±					
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			,				
				04022004					
City & State		City & State			4. FE! Numb 27-000				plied For t Applicable
Zip	Country	Zip	Country		5. Certificate	of Status Desired		5.00 Add	
	6. Name and Address of Currer	nt Registered Agent			7. Name and	Address of New F	Registered Ag	ent	
			. N	<sup>lame</sup> Willi	am N K	irk			•
KIRK, WILI MOSS, HE 817 BEACI	AL, P.A.		treet Address (	P.O. Box Numb	er is Not Acceptable Sey, Fen	nell e	et al	. PA	
	ACH, FL 32964				-	nd Blvd			
			C	City Vero	Beach		FL	Zig Cog	63
8. The above the obligati	named entity submits this statement ions of registered agent.	for the purpose of changing its r	registered of	office or register	ed agent, or bo	th, in the State of Flo	orida. 1 am fa	miliar with,	and accept
SIGNATURE .									
	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE:	: Registered Age	ent signature required	when reinstating)		DATE		
	Signature, typed or printed name of registered ago lling Fee is \$50.00 ue by May 1, 2004	nt and title if applicable. (NOTE:	: Registered Age	ent signature required	when reinstating)	·	DATE te check pay a Departmen		•
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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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

TREASUREN

316 681 1081 Daytime Phone #