

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000001464

Entity Name: 2KM2DA LLC**Current Principal Place of Business:**23889 W 40TH STREET
SHAWNEE, KS 66226**Current Mailing Address:**23889 W 40TH STREET
SHAWNEE, KS 66226 US**FEI Number:** 20-5861101**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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

Authorized Person(s) Detail :

Title MGRM
Name KELLY LYNN KINCARD IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

Title MGRM
Name DONALD S. KINCAID IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

Title MGRM
Name KIMBERLY E. KINCAID IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

Title MGRM
Name MARY K. KINCAID IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

Title MGRM
Name ADAM C. KINCAID IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

Title MGRM
Name DALLS J. KINCAID IRREVOCABLE TRUST
Address 313 EAST FRONT STREET
City-State-Zip: BONNER SPRINGS KS 66012

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARY MATTESON

EXECUTIVE ASSISTANT

03/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date