

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90031 007 ****55.00

DOCUMENT # L03000010561



1. Entity Name
MIDWEST MANAGEMENT SERVICES, L.L.C.

Principal Place of Business
**6412 HIGH DRIVE
SHAWNEE MISSION, KS 66208**

Mailing Address
**PO BOX 8670
SHAWNEE MISSION, KS 66208**

20030344



2. Principal Place of Business
2400 W. 59th Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262006 Chg-LLC CR2E083 (11/05)

City & State
MISSION HILLS KS

City & State

4. FEI Number
75-3108704

Applied For
Not Applicable

Zip
66208

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

**LANE, GLENN
10935 SE 177TH PLACE #305
SUMMERFIELD, FL 34491**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **REINTJES, MARY**
STREET ADDRESS **6412 HIGH DRIVE**
CITY-ST-ZIP **PRAIRIE VILLAGE, KS 66208**

TITLE **MGR** ☐ Delete
NAME **STEPHEN L. REINTJES**
STREET ADDRESS **2400 W. 59th Street**
CITY-ST-ZIP **MISSION HILLS, KS 66208**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2400 W. 59th Street**
CITY-ST-ZIP **MISSION HILLS, KS 66208**

TITLE ☐ Change ☒ Addition
NAME **STEPHEN L. REINTJES**
STREET ADDRESS **2400 W. 59th Street**
CITY-ST-ZIP **MISSION HILLS, KS 66208**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Stephen L. Reintjes**

4/17/06 (913) 362-6352

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #