

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M00000001840

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** JOHNSTON BURKHOLDER ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

930 CENTRAL STREET  
KANSAS CITY, MO 64105

**New Principal Place of Business:**

**Current Mailing Address:**

930 CENTRAL STREET  
KANSAS CITY, MO 64105

**New Mailing Address:**

**FEI Number:** 43-1398281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** CARRIE BLANTON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BURKHOLDER, SCOTT G  
**Address:** 930 CENTRAL STREET  
**City-St-Zip:** KANSAS CITY, MO 64105

**Title:** MGRM  
**Name:** JOHNSTON, PATRICK A  
**Address:** 930 CENTRAL STREET  
**City-St-Zip:** KANSAS CITY, MO 64105

**Title:** MGRM  
**Name:** HALVERSON, BART J  
**Address:** 930 CENTRAL STREET  
**City-St-Zip:** KANSAS CITY, MO 64105

**Title:** MGRM  
**Name:** FLANAGAN, JOSEPH N  
**Address:** 930 CENTRAL STREET  
**City-St-Zip:** KANSAS CITY, MO 64105

I hereby 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:** SCOTT G. BURKHOLDER

MGRM

04/07/2011

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