

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90024 037 ****50.00

DOCUMENT # M01000001163



1. Entity Name
MISSION BREAD, LLC

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

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

24045513



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022004 Chg-LLC CR2E083 (10/03)

4. FEI Number
48-1247079

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRK, WILLIAM N
MOSS, HENDERSON, BLANTON, ET AL, P.A.
817 BEACHLAND BOULEVARD
VERO BEACH, FL 32964**

Name **William N Kirk**
Street Address (P.O. Box Number is Not Acceptable)
**Gould, Cooksey, Fennell et al, PA
979 Beachland Blvd
City Vero Beach FL Zip Code 32963**

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, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **WALSH, WILLIAM J JR**
STREET ADDRESS **4412 E 77TH N.**
CITY-ST-ZIP **VALLEY CENTER, KS 67047**

TITLE **MGRM** ☐ Delete
NAME **KAROLICK, H. ROGER**
STREET ADDRESS **13815 PINNACLE DRIVE**
CITY-ST-ZIP **WICHITA, KS 67230**

TITLE **MGRM** ☐ Delete
NAME **DALAND CORPORATION**
STREET ADDRESS **2414 N. WOODLAWN #201**
CITY-ST-ZIP **WICHITA, KS 67220**

TITLE **MGRM** ☐ Delete
NAME **PAYNE, LARRY F**
STREET ADDRESS **2414 N. WOODLAWN #201**
CITY-ST-ZIP **WICHITA, KS 67220**

TITLE **MGRM** ☐ Delete
NAME **WIGGINS, DALE E**
STREET ADDRESS **2414 N. WOODLAWN #201**
CITY-ST-ZIP **WICHITA, KS 67220**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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: *William N Kirk* TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/12/04
Date

316 681 1081
Daytime Phone #