

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90134 002 ****50.00

DOCUMENT # M01000001725

1. Entity Name
WELLINGTON BREAD, LLC



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

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

20024033



03142005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
48-1248657

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KIRK, WILLIAM N
GOULD, COOKSEY, FENNELL ET AL, PA
979 BEACHLAND BLVD
VERO BEACH, FL 32963**

**DO NOT WRITE
IN THIS SPACE**

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KAROLICK, H. ROGER
2414 N. WOODLAWN #201
WICHITA, KS 67220**

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
WALSH, WILLIAM J JR.
2414 N. WOODLAWN #201
WICHITA, KS 67220**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
KIRK, ALBERT J
2414 N. WOODLAWN #201
WICHITA, KS 67220**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MILLER, KENNETH R
2414 N. WOODLAWN #201
WICHITA, KS 67220**

**DO NOT WRITE
IN THIS SPACE**

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 prepare this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Wally Wells*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/05
Date

Daytime Phone #