

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90210 022 ****50.00

DOCUMENT # M01000002711

1. Entity Name

MEGAN ASSET SERVICES, L.L.C.

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961128

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2. Principal Place of Business

11936 W. 119th Street

Suite, Apt. #, etc. #358

City & State

Overland Park, KS

66213

Country

USA

3. Mailing Address

11936 W. 119th Street

Suite, Apt. #, etc. #358

City & State

Overland Park, KS

Zip

66213

Country

USA

4. FEI Number

74-2841666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Deloris D. Welch

Street Address (P.O. Box Number is Not Acceptable)
9250 SW 32nd Ave. Rd.

City Ocala

FL

Zip Code 34476

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.

SIGNATURE

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MGRM MANAGING MEMBERS/MANAGERS

TITLE
NAME The Maddock Group, LLC
STREET ADDRESS 11936 W. 119th Street, #358
CITY-ST-ZIP Overland Park, KS 66213

TITLE
NAME MGRM
STREET ADDRESS MG Holdings, Inc.
CITY-ST-ZIP 1424 W. Century Avenue, Ste. 102
Bismarck, ND 58503

TITLE
NAME MGRM
STREET ADDRESS Tara Consulting, Inc.
CITY-ST-ZIP 1424 W. Century Avenue, Ste. 102
Bismarck, ND 58503

TITLE
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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:

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

Date

Daytime Phone #