

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90194 001 ****50.00

DOCUMENT # M03000003374



1. Entity Name
HALLANDALE DIPLOMAT BREAD, LLC

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

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

2. Principal Place of Business - No P.O. Box #

2414 N WOODLAWN

3. Mailing Address

2414 N WOODLAWN

Suite, Apt. #, etc.

SUITE 201

Suite, Apt. #, etc.

SUITE 201

City & State

WICHITA KS

City & State

WICHITA

Zip

67220

Country

USA

Zip

67220

Country

USA

02072007 Chg-LLC CR2E083 (12/06)

4. FEI Number
72-1571725

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**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

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

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

10. ADDITIONS/CHANGES

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

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

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

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

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

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 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:

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

Date

Daytime Phone #

William J Walsh, Jr

WILLIAM J WALSH, JR

2/7/07