

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # M04000003906

1. Entity Name

STORE FINANCIAL SERVICES, LLC



Principal Place of Business

Mailing Address

7171 W 95TH ST STE 400
OVERLAND PARK KS 66212

7171 W 95TH ST STE 400
OVERLAND PARK KS 66212



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

72-1552943

Applied For

Not Applicable

Zip

Country

Zip

Country

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON FL 33331

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MUELLER, RICHARD
STREET ADDRESS 7171 W 95TH ST STE 400
CITY- ST- ZIP OVERLAND PARK KS 66212

☐ Change ☐ Addition
U000000636610
04/18/07-80005-014 55.00

TITLE MGR ☐ Delete
NAME KRIGEL, SCOTT
STREET ADDRESS 7171 W 95TH ST STE 400
CITY- ST- ZIP OVERLAND PARK KS 66212

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME SOBEK, MICHAEL F
STREET ADDRESS 7171 W 95TH ST STE 400
CITY- ST- ZIP OVERLAND PARK KS 66212

☐ Change ☐ Addition

TITLE MGR ☐ Delete
NAME MIROSLAW, MICHAEL
STREET ADDRESS 7171 W 95TH ST STE 400
CITY- ST- ZIP OVERLAND PARK KS 66212

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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]* *Michael S. Mirosław* *2/14/07* *913-967-2111*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #