

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # M05000003937

1. Entity Name
EVOLV SOLUTIONS, L.L.C.



Principal Place of Business
**9401 INDIAN CREEK PARKWAY
BLDG 40, SUITE 250
OVERLAND PARK, KS 66210**

Mailing Address
**9401 INDIAN CREEK PARKWAY
BLDG 40, SUITE 250
OVERLAND PARK, KS 66210**



04162007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0482907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**INCRP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470**

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HARLAND, RONALD SR.
STREET ADDRESS 9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

TITLE MGR
NAME HARLAND, RONALD JR.
STREET ADDRESS 9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

TITLE MGR
NAME HARLAND, ERIC
STREET ADDRESS 9401 INDIAN CREEK PARKWAY, BLDG 40 STE 250
CITY-ST-ZIP OVERLAND PARK, KS 66210

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000000728273
05/07/07-80010-018 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Ronald Harland Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04-16-07

Date

Daytime Phone #