

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # M05000003984**

1. Entity Name  
**SUNFLOWER CONSTRUCTION LLC**



Principal Place of Business

**36385 W 95  
DESOTO, KS 66018**

Mailing Address

**36385 W 95  
DESOTO, KS 66018**

**DO NOT WRITE IN THIS SPACE**



01102007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**48-1217065**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BUSINESS SUPPORT INC.  
417 STOWE AVE, SUITE 2  
ORANGE PARK, FL 32073**

**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]*  
Signature, typed or printed name of registered agent and (title) applicable.

(NOTE: Registered Agent signature required when reinstating)

*01-16-07*  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
OHMES, KATHLEEN  
36385 W 95  
DESOTO, KS 66018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
POWER, ROBERT  
36385 W 95  
DESOTO, KS 66018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

U00000594290  
01/22/07-80064-022 55.00

**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:**

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*1/10/07*

*913 583 3694*