

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90163 033 ***138.75

DOCUMENT # M07000001297

1. Entity Name

LANSING ETHANOL SERVICES, LLC



Principal Place of Business

9900 WEST 109TH ST. #400
OVERLAND PARK, KS 66210

Mailing Address

9900 WEST 109TH ST. #400
OVERLAND PARK, KS 66210

50003918



DO NOT WRITE IN THIS SPACE

04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number

20-4304342

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
O'DONNELL, MARK J
9900 WEST 109TH ST. #400
OVERLAND PARK, KS 66210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/CEO
William Kraeger
9900 W. 109th St, Suite 400
Overland Park, KS 66210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Sebastian Barack
125 W. 55th Street
New York, NY 10019

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4/8/08 (913) 748-3066