

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 22, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # L00000000518

1. Entity Name  
JRS, LLC



Principal Place of Business  
6747 TAYLOR ROAD SW  
REYNOLDSBURG, OH 43068

Mailing Address  
6747 TAYLOR ROAD SW  
REYNOLDSBURG, OH 43068



03122004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FBI Number  
52-2215263

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

BDB AGENT CO.  
2500 N. MILITARY TRAIL, STE. 480  
BOCA RATON, FL 33431

**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, and 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 not staffing)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

U000000094304  
03/22/04-80054-005 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SPENCER, JOHN W  
5650 INDIAN MOUND COURT  
COLUMBUS, OH 43213

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
MGRM  
SPENCER, RALPH T  
2501 HIGHSMITH LANDING LN  
JACKSONVILLE, FL 32226

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

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

JOHN W. SPENCER

Date

3/15/04

Daytime Phone No.

(614) 861-4001