

Reinstatement
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008166

1. Entity Name

JSR Belize, LLC

FILED

02 OCT 08 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8000008289728--3

-10/09/02--01065--007

****300.00 ****150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

554 National Drive

Suite, Apt. #, etc.

3. Mailing Address

554 National Drive

Suite, Apt. #, etc.

City & State

Maryville, Tennessee

City & State

Maryville, Tennessee

Zip

37804

Country

USA

Zip

37804

Country

USA

4. FEI Number

14-1848898

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jeff M. Novatt, Esq.

Street Address (P.O. Box Number is Not Acceptable)

Cheffy, Passidomo, Wilson & Johnson, LLP

821 Fifth Avenue South, Suite 201

City

Naples

FL

Zip Code

34102

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IN THIS SPACE

8. One above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

9/6/02

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	Woods, Jim L.
STREET ADDRESS	554 National Drive
CITY - ST - ZIP	Maryville, Tennessee 37804
TITLE	MGRM
NAME	Woods, Sherree P.
STREET ADDRESS	554 National Drive
CITY - ST - ZIP	Maryville, Tennessee 37804
TITLE	MGRM
NAME	Battle, Rosemary S.
STREET ADDRESS	554 National Drive
CITY - ST - ZIP	Maryville, Tennessee 37804
TITLE	
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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:

Jim L. Woods

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Jim L. Woods, Managing Member

9/6/02

Date

865-970-2050

Daytime Phone #

CR2E083B (12/01)