

Reinstatement
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000017364

1. Entity Name

JSH Marco, LLC

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

58-2655131

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

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

821 Fifth Avenue South, Suite 201

City
Naples

FL Zip Code
34102

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.

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Woods, Jim L.
554 National Drive
Maryville, Tennessee 37804

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
Huesing, James R.
7452 Jager Court
Cincinnati, Ohio 45230

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Jim L. Woods, Managing Member

Date

Daytime Phone #

865-970-2050

CR2E083B (12/01)