04/15/02 MON 02:16 FAX 17724648220 MELVILLE SOWERB

FILED
Apr 22, 2002 8:00 am
Secretary of State
04-22-2002 90243 023 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000022301

1. Entity Name
JERGENZ, LLC

943794

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6190 5th Street, S. W.
Suite, Apt #, etc.
City & State
Vero Beach, Florida
Zip 32968 Country USA

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 69-0004279 Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name W. Thomas Jerkins
Street Address (P.O. Box Number is Not Acceptable) 6190 5th Street, S.W.
City Vero Beach FL Zip Code 32968

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 N/A
Signature, typed or printed name of registered agent and title if applicable 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	MBR W. Thomas Jerkins 6190 5th Street, S.W. Vero Beach, FL. 32968	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MBR Michelle Catherine Genz 6190 5th Street, S.W. Vero Beach, FL. 32968	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/01)

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: X W. Thomas Jerkins Apr 15, 02 772 473-9754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #
W. Thomas Jerkins