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Mar 08, 2004 8:00 am
Secretary of State
03-08-2004 90273 010 ****55.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006634

1. Entity Name

JEN-TER LLC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3971 GULF SHORE BLVD N., # 1201	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: NAPLES, FL	City & State
Zip: 34103 / Country	Zip / Country

4. FEI Number: 02-0576804 — ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Jennie M Fittipaldi

Street Address (P.O. Box Number is Not Acceptable): 3971 Gulf Shore Blvd N # 1201

City: Naples, FL Zip Code: 34103

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: Jennie M Fittipaldi 3/04/04

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

FEE IS $150.00 Make Check Payable to Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JENNIE FITTIPALDI 3971 GULF SHORE BLVD N #1201 NAPLES, FLA 34103
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER JENISE BENDER 698 WESTRIDGE RD AKRON, OHIO 44333
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	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Jenise Bender 3-15-04 330-666-6813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #