FILED
Apr 24, 2008 8:00 am
Secretary of State

03-19-2008 90145 042 ****50.00
04-24-2008 90009 009 ****88.75

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006634

1. Entity Name

JEN-TER LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1085 SADDLE RIDGE ROAD	1085 SADDLE RIDGE ROAD
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MOSCOW, ID	City & State: MOSCOW, ID
Zip: 83843-8774 Country:	Zip: 83843-8774 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 02-0576804 ☐ 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: 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 _____ DATE

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BENDER, JENISE M
STREET ADDRESS	698 WESTRIDGE RD
CITY-ST-ZIP	AKRON, OH 44333
TITLE	MGRM
NAME	SCHNEIDER, TERRI
STREET ADDRESS	1085 SADDLE RIDGE ROAD
CITY-ST-ZIP	MOSCOW, ID 83843
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NAME	
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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: Terri Schneider 3.7.08

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