

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039711

Entity Name: JARNO, LLC.

FILED  
Feb 12, 2009  
Secretary of State

## Current Principal Place of Business:

3009 TURTLE GAIT LANE  
SANIBEL, FL 33957 US

## New Principal Place of Business:

R J WIEDER C/O BRYAN CAVE  
ONE METROPOLITAIN SQUARE, 211 N BROADWAY  
ST LOUIS, MO 631022750 US

## Current Mailing Address:

3009 TURTLE GAIT LANE  
SANIBEL, FL 33957 US

## New Mailing Address:

R J WIEDER C/O BRYAN CAVE  
ONE METROPOLITAIN SQUARE, 211 N BROADWAY  
ST LOUIS, MO 631022750 US

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOSNY, RUDOLF Y  
3009 TURTLE GAIT LANE  
SANIBEL, FL 33957 US

## Name and Address of New Registered Agent:

AMERICAN SAFETY COUNCIL INC  
5125 ADANSON ST  
#500  
ORLANDO, FL 32804 US

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: LAURA REGIER

02/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: WIEDER, ROBERT  
Address: 3009 TURTLE GAIT LANE  
City-St-Zip: SANIBEL, FL 33957 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: WIEDER, ROBERT  
Address: C/O BRYAN CAVE 1 METROP. SQ 211 N BROADWAY  
City-St-Zip: ST LOUIS, MO 631022750 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT WIEDER

MR

02/12/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date