

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90037 045 ****50.00

DOCUMENT # M00000002438

1. Entity Name

J.A.G.M., L.L.C.



Principal Place of Business

% GARY L. RUEKAHR
1418 SYCAMORE LAKE DR.
FORISTELL MO 63348

Mailing Address

% GARY L. RUEKAHR
1418 SYCAMORE LAKE DR.
FORISTELL MO 63348

20006506



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 43-1807526

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHELTON, JOHN D
309 GULF BLVD.
INDIAN ROCKS BEACH FL 33785

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

220 GULF BLVD
INDIAN ROCKS BEACH

FL

Zip Code
33785

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE MGR
NAME RUFKAHR, GARY L
STREET ADDRESS 1418 SYCAMORE LAKE DR.
CITY-ST-ZIP FORISTELL MO 63348 ☒ Delete

TITLE MGR
NAME MGR
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE MGR
NAME RUFKAHR, ALANA G
STREET ADDRESS 1418 SYCAMORE LAKE DR.
CITY-ST-ZIP FORISTELL MO 63348 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME SHELTON, JOHN D
STREET ADDRESS 46 SHELTON LANE
CITY-ST-ZIP MONTGOMERY CITY MO 63361 ☒ Delete

TITLE MGR
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE MGR
NAME SHELTON, MARY A
STREET ADDRESS 46 SHELTON LANE
CITY-ST-ZIP MONTGOMERY CITY MO 63361 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *GARY L RUEKAHR*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-07-03 636-398-5511
Date Daytime Phone #

CR2E083 (10/02)