

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000001981

**Entity Name:** JASPER WELLER, LLC

**Current Principal Place of Business:**

815 WERNING ROAD  
JASPER, IN 47546

**Current Mailing Address:**

1500 GEZON PARKWAY  
GRAND RAPIDS, MI 49509 US

**FEI Number:** 46-4711237

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                       |                 |                       |
|-----------------|-----------------------|-----------------|-----------------------|
| Title           | MANAGER, VP           | Title           | MANAGER, CONTROLLER   |
| Name            | WELLER, JOHN M.       | Name            | ZANDSTRA, HOLLY       |
| Address         | 1500 GEZON PARKWAY    | Address         | 1500 GEZON PARKWAY    |
| City-State-Zip: | GRAND RAPIDS MI 49509 | City-State-Zip: | GRAND RAPIDS MI 49509 |

|                 |                       |
|-----------------|-----------------------|
| Title           | MANAGER, PRESIDENT    |
| Name            | STRANZ, TERRY J.      |
| Address         | 1500 GEZON PARKWAY    |
| City-State-Zip: | GRAND RAPIDS MI 49509 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** HOLLY ZANDSTRA

**CONTROLLER**

**04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date