

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90204 015 \*\*\*\*50.00

DOCUMENT # 201000021906

1. Entity Name

MPSS LLC

**DO NOT WRITE IN THIS SPACE**

960725

2. Principal Place of Business

400 LESLIE DR

3. Mailing Address

Suite, Apt. #, etc.

#215

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hallandale Beach

City & State

4. FEI Number

59-2032873

Applied For

Not Applicable

Zip

33009

Country

BROWNE

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

SIDNEY ADLER

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

400 LESLIE DR

#215

City

Hallandale Beach

FL

Zip Code

33009

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

DATE

4/18/02

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager  
Peter Wolofsky  
400 LESLIE DR #215  
Hallandale Beach, FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager  
Kenneth Wolofsky  
400 LESLIE DR #215  
Hallandale Beach, FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

manager  
HOWARD WOLOFSKY  
400 LESLIE DR #215  
Hallandale Beach, FL 33009

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Peter Wolofsky

Date

Daytime Phone #

4/18/02 954 458-2224

CR2E0838 (12/01)