FILED

03 MAY -2 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
000017896190
05/02/03--01056--012 **50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000021906

1. Entity Name
MPSS, LLC

Principal Place of Business	Mailing Address
400 LESLIE AVENUE #215 HALLANDALE, FL 33009 US	400 LESLIE AVENUE #215 HALLANDALE, FL 33009 US

1815 Griffin Road 301 Dania Beach, Fl 33433 USA	1815 Griffin Road 301 Dania Beach, Fl 33433 USA

X CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2032873 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name

St 1815 Griffin Road, Suite 301 able)
Dania Beach, Fl 33433

City FL Zip Code

ADLER, SIDNEY
~~400 LESLIE DRIVE~~
~~SUITE #215~~
~~HALLANDALE BEACH, FL 33009~~

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. (NOTE: Registered Agent's signature required when executing)

FILE NOW! FEE IS $61.25
Make check payable to the Florida Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOLOFSKY, PETER ~~400 LESLIE DRIVE - SUITE #215~~ ~~HALLANDALE BEACH, FL 33009~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1815 Griffin Road, Suite 301 Dania Beach, Fl 33433	X Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOLOFSKY, KENNETH 400 LESLIE DRIVE - SUITE #215 HALLANDALE BEACH, FL 33009	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WOLOFSKY, HOWARD ~~400 LESLIE DRIVE - SUITE #215~~ ~~HALLANDALE BEACH, FL 33009~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1815 Griffin Road, Suite 301 Dania Beach, Fl 33433	X Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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 X _____ 4/28/03 954 925 2990
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #