

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098043

Entity Name: JZS, LLC

FILED
Jul 15, 2009
Secretary of State

Current Principal Place of Business:

2200 PARKES DRIVE
BROADVIEW, IL 601553949

New Principal Place of Business:

700 KIMBERLY DRIVE
CAROL STREAM, IL 60188

Current Mailing Address:

2200 PARKES DRIVE
BROADVIEW, IL 601553949

New Mailing Address:

700 KIMBERLY DRIVE
CAROL STREAM, IL 60188

FEI Number: 20-8862116 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STEWART, JAMES M ESQ.
1211 THE PLAZA
SINGER ISLAND, FL 33404 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: M () Delete
Name: SHANAHAN, MICHAEL A
Address: 1403 S. ASHLAND AVENUE
City-St-Zip: PARK RIDGE, IL 60068

Title: MGRM () Delete
Name: KOSOWSKI, JOHN Z
Address: 909 MERRY LANE
City-St-Zip: OAK BROOK, IL 60523

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHANAHAN, MICHAEL A
Address: 1403 S. ASHLAND AVENUE
City-St-Zip: PARK RIDGE, IL 60068

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOHN Z KOSOWSKI

MGRM

07/15/2009

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