2001	UNIFOR	RM BUSI	NESS RE	PORT	(UBR)						¢ ¢ !
DOCUMENT # M0000001112											į
1. Entity Nam DSS, L.L.						FILED				•	
						01 JAN 29 PM 2: 54					
Principal Plac			Mailing Address								
OAK BROOK	YORK ROAD. SUITE 3 IL 80521	_	2215 SOUTH YORK ROAD. SUITE 308 OAK BROOK IL 88521 665スろ			SECRETARY OF STATE TALLAHASSEE. FLORIDA					
2. Principal Place of Business			3. Mailing Address			1 100/904) At 00/11 00/11 00/11 00/11 00/11 00/11 00/11 00/11 100/11 100/11 100/11 100/11 100/11 100/11 100/1					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & State			City & State		36	4. FEI Number Applied For Not Applied For Not Applied For				-	
Zip 403	Coun	try	Zip 4052	3 Coun			ficate of Status Desired		5.00 Add ee Require	ditional d	1
	6. Name and Ad	dress of Current R	egistered Agent		Name	7. Nam	e and Address of New R	egistered A	gent		7
SAROVICE	H, DELORES					PO Box N	lumber is Not Acceptable	· · · · · · · · · · · · · · · · · · ·			-
	FSIDE DRIVE				Street Address (P.O. Box Number is Not Acceptable)					$\frac{1}{1}$	
NAPLES F	·L 34110				City	FL Zip Code					-
8. The above	named entity submit	s this statement for t	he purpose of chang	ning its register	ed effice or register	ed agent	or both, in the State of Flo		<u> </u>		-
SIGNATURF										·····	
	Signature, typed or printed n	iame of registered agent and		<u>-</u>	d Agent signature required	when reinstat	ing)	DATE			1
					FEE IS \$50.00 o Department of	f State	., 1				i
9.	MANAGING MEMBERS/MEMBERS						ADDITIONS/				1
NAME STREET ADDRESS CITY-ST-ZIP	MGR SAROVICH, STEV 2215 SOUTH YOU OAK BROOK IL 6	rk road, suite			ţ				☐ Change	☐ Addition	5083 (11/00)
TITLE	OAN BROOK IL C	<u> </u>	☐ Delete	e TITLE	=				Change	Addition	SPEC
NAME STREET ADDRESS CITY-ST-ZIP	:				E ET ADDRESS -ST-ZIP						
TITLE	_ -		☐ Delete						Change	Addition	1
NAME STREET ADDRESS CITY-ST-ZIP			• w -		E Et address -st-zip		800003 -02/03	63 1	628 1134	1	-
TITLE	· ,		☐ Delete	e TITLE			****	50.00°	Change*	5 D Mulion	
NAME STREET ADDRESS				NAM! STRE	et address						
CITY-ST-ZIP			☐ Delete		-ST-ZIP				Change	Addition	4
NAME			L_1 Delete	NAM	E				LJ Glialiye	Modition	
STREET ADDRESS CITY - ST - ZIP		,			ET ADDRESS -ST-ZIP						
TITLE NAME			☐ Delete	TITLE NAMI					Change	Addition]
STREET ADDRESS				STRE	ET ADDRESS						
CITY-ST, ZIP	ertify that the informa	ation supplied with the	nis filing does not aus	alify for the eye	-s1-zip motion stated in Se	ction 119	07(3)(i), Florida Statutes (further certif	fy that the in	nformation	$\frac{1}{2}$
11. Thereby 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 in dicated 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: DISTANCE AND TYPED OF PRINTED I AME OF SIGNING MANAGING VEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date DISTANCE PROPERTY DISTANCE PROPERTY DATE OF SIGNING MANAGING VEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE											