

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90017 016 ****50.00

DOCUMENT # M00000001112

1. Entity Name
DSS, L.L.C.



Principal Place of Business
2215 SOUTH YORK ROAD, SUITE 308
OAK BROOK, IL 60523

Mailing Address
2215 SOUTH YORK ROAD, SUITE 308
OAK BROOK, IL 60523

24052185



2. Principal Place of Business

5100 ACADEMY DRIVE

3. Mailing Address

5100 ACADEMY DRIVE

Suite, Apt. #, etc.

SUITE 400

Suite, Apt. #, etc.

SUITE 400

City & State

LISLE

City & State

LISLE

Zip

60532

Country

USA

Zip

60532

Country

USA

04192004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

36-4368682

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SAROVICH, DELORES
3015 GOLFSIDE DRIVE
NAPLES, FL 34110

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

DELORES SAROVICH.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/04

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SAROVICH, STEVEN R
STREET ADDRESS 2215 SOUTH YORK ROAD, SUITE 308
CITY-ST-ZIP OAK BROOK, IL 60521 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MANAGER
NAME SAROVICH, STEVEN R. ☒ Change ☐ Addition
STREET ADDRESS 5100 ACADEMY DRIVE, SUITE 400
CITY-ST-ZIP LISLE, FL 60532

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SAROVICH, MANAGER/MEMBER

4/17/04

Date

630-
824-4200

Daytime Phone #