

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000043495

Entity Name: DOLLAR SECURED INCOME FUND SERVICES, LLC**Current Principal Place of Business:**2200 LUCIEN WAY, SUITE 420
MAITLAND, FL 32751**Current Mailing Address:**2200 LUCIEN WAY, SUITE 420
MAITLAND, FL 32751**FEI Number:** 94-3481590**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SMITH, CHARLES CJR
2200 LUCIEN WAY, SUITE 420
MAITLAND, FL 32751 US*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

Authorized Person(s) Detail :

Title MGRM
Name DELTA REALTY ADVISORS
Address 2200 LUCIEN WAY, STE 420
City-State-Zip: MAITLAND FL 32751

Title MGR
Name CASTERLINE, SEAN C
Address 2200 LUCIEN WAY, STE 420
City-State-Zip: MAITLAND FL 32751

Title MGR
Name NESTOR, DONALD C
Address 2200 LUCIEN WAY, STE 420
City-State-Zip: MAITLAND FL 32751

Title MGR
Name WAGNER, JOHN
Address 2200 LUCIEN WAY, STE 150
City-State-Zip: MAITLAND FL 32751

Title MGR
Name MIRANDA, ROY
Address 2200 LUCIEN WAY, STE 420
City-State-Zip: MAITLAND FL 32751

Title MGR
Name NICHOLSON, MYRA P
Address 2200 LUCIEN WAY, STE 420
City-State-Zip: MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES C SMITH JR**REGISTERED AGENT****03/05/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date