

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000000484

Entity Name: DECEM2, LLC

Current Principal Place of Business:

950 ADMIRALTY PARADE
NAPLES, FL 34102

Current Mailing Address:

950 ADMIRALTY PARADE
NAPLES, FL 34102 US

FEI Number: 84-3633024

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MANAGER
Name EDWARD A. COX III GST TRUST
Address 479 NORTH LAKE SHORE DRIVE
City-State-Zip: FONTANA WI 53125

Title MANAGER
Name MARY H. COX COFFEY GST TRUST
Address 1 CHARLETON PLACE
City-State-Zip: OAK BROOK IL 60523

Title MANAGER
Name JOHN L. COX GST TRUST
Address 610 12TH AVE SOUTH
City-State-Zip: NAPLES FL 34102

Title MANAGER
Name MAUREEN T. COX SCANLON GST TRUST
Address 4515 LINSKOTT AVENUE
City-State-Zip: DOWNERS GROVE IL 60515

Title MANAGER
Name MARGARET M. COX GST TRUST
Address 305 OTTAWA LANE
City-State-Zip: OAK BROOK IL 60523

Title MANAGER
Name ROBERT J. COX GST TRUST
Address 5 DEVONSHIRE DRIVE
City-State-Zip: OAK BROOK IL 60523

Title MANAGER
Name ROSEMARY P. COX CONWAY GST TRUST
Address 40 DEVONSHIRE DRIVE
City-State-Zip: OAK BROOK IL 60523

Title MANAGER
Name CATHERINE M. COX MURPHY GST TRUST
Address 48 DEVONSHIRE DRIVE
City-State-Zip: OAK BROOK IL 60523

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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: MARY H. COX COFFEY

TRUSTEE OF A
MANAGING TRUST

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MICHAEL J. COX GST TRUST
Address 43 DEVONSHIRE DRIVE
City-State-Zip: OAK BROOK IL 60523

Title MANAGER
Name THOMAS M. COX GST TRUST
Address 701 DEER TRAIL LANE
City-State-Zip: OAK BROOK IL 60523