2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000077172

1. Entity Name DAMOS, LLC



FILED
Jul 16, 2008 08:00 AM
Secretary of State

Principal Place of Business

1239 NATIONAL AVE. ROCKFORD, IL 61103 Mailing Address

1239 NATIONAL AVE. ROCKFORD, IL 61103



07072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3370692

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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8.	The above named entity submits this statement for the purpose of changi	ng its registered office or registered agent, or bot	th, in the State of Florida	. I am familiar with, and accep
1	the obligations of registered agent.	-		_
	the obligations of registered agent. SNATURE DAVID P. BOTO		N 1/1/3/ 7	-2008
SIC	INATURE VIIVOT, POTO		Vacy 1	- 000
	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	,	DATE

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	
NAME	BETO, DAVE	
STREET ADDRESS	1239 NATIONAL AVE.	
CITY-ST-ZIP	ROCKFORD, IL 61103	
TITLE	MGR	
NAME	YODER, AMOS	
STREET ADDRESS	2304 STONERIDGE CLOSE	
CITY-ST-ZIP	ROCKFORD, IL 61107	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		
NAME		
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CITY-ST-ZIP		

U00000955275 U7/16/08-80009-014 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trusfee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DAVIDP. BETO

7/7/08

540-5600

Daytime Phone #