

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000077895

Entity Name: DSS INVESTMENT, LLC

FILED
Feb 03, 2008
Secretary of State

Current Principal Place of Business:

4215 GULF OF MEXICO DRIVE
#202
LONG BOAT, FL 34228

New Principal Place of Business:

Current Mailing Address:

8170 WEST HURON RIVER DR
DEXTER, MI 48130

New Mailing Address:

FEI Number: 20-3959544

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEMS
1200 S. PINE ISLAND RD.
SUITE 250
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSENBLUM, STEPHEN
Address: 740 BARCLAY COURT
City-St-Zip: ANN ARBOR, MI 48105

Title: MGRM () Delete
Name: ROSENBLUM, DIANE
Address: 8170 WEST HURON RIVER DRIVE
City-St-Zip: DEXTER, MI 48130

Title: MGRM () Delete
Name: HOOVER, SUSAN
Address: 60 EAST 12TH STREET
City-St-Zip: NEW YORK, NY 10003

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ROSENBLUM, SUSAN
Address: 60 EAST 12TH STREET
City-St-Zip: NEW YORK, NY 10003

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MARC A. DOBROWITSKY

CPA

02/03/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date