


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 08:00 A.**  
**Secretary of State**

<b>DOCUMENT # M02000001660</b> 1. Entity Name DSS-PLUMOSA, L.L.C.	
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Principal Place of Business 5100 ACADEMY DRIVE STE 400 LISLE, IL 60532	Mailing Address 5100 ACADEMY DRIVE STE 400 LISLE, IL 60532
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**DO NOT WRITE IN THIS SPACE**



04022008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 74-3031689	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MARAN, LAURA L 692 FAIRWAY TERRACE NAPLES, FL 34103
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000882194  
04/16/08-90031-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SAROVICH, STEVEN R 5100 ACADEMY DRIVE, STE 400 LISLE, IL 60532
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 trustee 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

3/31/08 630.  
824-4700  
Date Daytime Phone #