

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002691

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: OSS SERVICES, LLC

**Current Principal Place of Business:**

1050 TOWER LANE  
BENSENVILLE, IL 60106

**New Principal Place of Business:**

**Current Mailing Address:**

1050 TOWER LANE  
BENSENVILLE, IL 60106

**New Mailing Address:**

FEI Number: 20-1799654

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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: LYMAN, JAMES P  
Address: 1050 TOWER LANE  
City-St-Zip: BENSENVILLE, IL 60106

Title: MGRM ( ) Delete  
Name: CHARM, LESLIE  
Address: 1050 TOWER LANE  
City-St-Zip: BENSENVILLE, IL 60106

Title: MGRM ( ) Delete  
Name: LAKE CLEANING PROPER, TIES, LLC  
Address: 55 E MONROE, SUITE 1890  
City-St-Zip: CHICAGO, IL 60603

**ADDITIONS/CHANGES:**

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

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

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

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: JAMES P LYMAN

MEMB

03/02/2009

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