

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000095842

FILED  
Sep 04, 2009  
Secretary of State

**Entity Name:** GSL GOVERNMENT SOLUTIONS, LLC

**Current Principal Place of Business:**

16120 US 19 NORTH  
SUITE 151  
CLEARWATER, FL 33764

**New Principal Place of Business:**

**Current Mailing Address:**

16120 US 19 NORTH  
SUITE 151  
CLEARWATER, FL 33764

**New Mailing Address:**

**FEI Number:** 80-0278639      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

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

ALLEN, ANDREW M  
16120 US 19 NORTH  
SUITE 151  
CLEARWATER, FL 33764 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: GLOBAL SAFETY LABS, INC.  
Address: 4129 S. 72ND E. AVE.  
City-St-Zip: TULSA, OK 74145

Title: MGRM ( ) Delete  
Name: AERODYNE INDUSTRIES, L.L.C.  
Address: 16120 US 19 NORTH  
City-St-Zip: CLEARWATER, FL 33764

**ADDITIONS/CHANGES:**

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: ANDREW ALLEN

CEO

09/04/2009

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