

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000039363

**FILED**  
**Apr 23, 2018**  
**Secretary of State**  
**CC1400049741**

**Entity Name:** GULFSTREAM SYSTEM SOLUTIONS LLC

**Current Principal Place of Business:**

830-13 A1A NORTH #501  
PONTE VEDRA BEACH, FL 32082

**Current Mailing Address:**

P. O. BOX 9916  
CHESAPEAKE, VA 23321 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

JONES, TERI MICHELLE ESQ  
830-13 A1A NORTH #501  
PONTE VEDRA BEACH, FL 32082 US

*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

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	JONES, FARRIS M	Name	JONES, TERI MESQ
Address	3332 STATION HOUSE ROAD	Address	P O BOX 9916
City-State-Zip:	CHESAPEAKE VA 23321	City-State-Zip:	CHESAPEAKE VA 23321

Title AUTHORIZED MEMBER, MANAGER  
 Name GRAHAM, ROBERT  
 Address P. O. BOX 9916  
 City-State-Zip: CHESAPEAKE VA 23321

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT GRAHAM

**MEMBER**

**04/23/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date