

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L00000015715

1. Entity Name  
GSS PERSONNEL SOLUTIONS, LLC



Principal Place of Business  
100 SECOND AVENUE SOUTH, STE. 600  
ST PETERSBURG, FL 33701

Mailing Address  
100 SECOND AVENUE SOUTH, STE. 600  
ST PETERSBURG, FL 33701

FILED  
05 MAY 24 PM 12:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02012005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3687493

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

NEWMAN, JAMES G  
100 SECOND AVENUE SOUTH, STE. 600  
ST PETERSBURG, FL 33701

**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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE D  
NAME STUART, CHARLES L  
STREET ADDRESS 100 SECOND AVENUE SOUTH, STE. 600  
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE P  
NAME NEWMAN, JAMES G  
STREET ADDRESS 100 SECOND AVENUE SOUTH, STE. 600  
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE D  
NAME MCCLANATHAN, JEFFREY P  
STREET ADDRESS 100 SECOND AVENUE SOUTH, STE. 600  
CITY-ST-ZIP ST PETERSBURG, FL 33701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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06/02/05--01060--008 \*\*200.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

James G. Newman

5-16-08

727-821-6161