


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000015715 1. Entity Name GSS PERSONNEL SOLUTIONS, LLC	
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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
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DO NOT WRITE IN THIS SPACE



01192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3687493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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
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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 _____ (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUART, CHARLES L 100 SECOND AVENUE SOUTH, STE. 600 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWMAN, JAMES G 100 SECOND AVENUE SOUTH, STE. 600 ST PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLANATHAN, JEFFREY P 100 SECOND AVENUE SOUTH, STE. 600 ST PETERSBURG, FL 33701
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **4-14-06 727-821-6114**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #