

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04172008No Chg-LLC

CR2E083 (12/07)

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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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

TITLE D
NAME FARRELL, TIMOTHY M
STREET ADDRESS 100-2ND AVE SOUTH SUITE 600
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE D
NAME POPOVICH, PAULA D
STREET ADDRESS 100-2ND AVE SOUTH SUITE 600
CITY-ST-ZIP SAINT PETERSBURG, FL 33701

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000930558
05/21/08-80113-021 143.75

**DO NOT WRITE
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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-08

Date

727.821-6161

Daytime Phone #