2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L00000015715

Entity Name: GSS PERSONNEL SOLUTIONS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3687493 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWMAN, JAMES G
100 SECOND AVENUE SOUTH, STE. 600
ST PETERSBURG, FL 33701 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: P ( ) Delete
Name: NEWMAN, JAMES G
Address: 100 SECOND AVENUE SOUTH, STE. 600
City-St-Zip: ST PETERSBURG, FL 33701

Title: D ( ) Delete
Name: FARRELL, TIMOTHY M
Address: 100-2ND AVE SOUTH SUITE 600
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: D ( ) Delete
Name: POPOVICH, PAULA D
Address: 100-2ND AVE SOUTH SUITE 600
City-St-Zip: SAINT PETERSBURG, FL 33701

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JAMES G. NEWMAN P 04/27/2009

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