

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90166 039 ***138.75

| | | | | | |
|---|--|---------------------------------|---|---|--|
| DOCUMENT # L01000013824 | | | |  | |
| 1. Entity Name GOSOLUTIONS EQUITY, LLC | | | | | |
| Principal Place of Business 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602 | | | Mailing Address 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3739271 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent THORN, W. THOMPSON III 100 S. ASHLEY DRIVE SUITE 1500 TAMPA, FL 33602 | | | 7. Name and Address of New Registered Agent Name <u>Same</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 N TAMPA ST, STE 1900</u> City <u>TAMPA</u> <u>FL</u> Zip Code <u>33602</u> | | |
| 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 <u>[Signature]</u> <small>Signature typed or printed name of registered agent and title, applicable.</small> | | | DATE <u>4-15-08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THORN, W. THOMPSON III 100 S. ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM THORN, W. THOMPSON III 100 N. Tampa St, Suite, 1900 Tampa, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOYLE, DANIEL M SR 5100 W CYPRESS STREET TAMPA, FL 33607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DOYLE, DANIEL M SR 5100 W CYPRESS STREET TAMPA, FL 33602 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | DATE <u>4-15-08</u> DAYTIME PHONE # <u>8132254600</u> | | |