

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013824

Entity Name: GOSOLUTIONS EQUITY, LLC

FILED
Mar 03, 2009
Secretary of State

Current Principal Place of Business:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

New Principal Place of Business:

100 NORTH TAMPA STREET
SUITE 1900
TAMPA, FL 33602

Current Mailing Address:

100 S. ASHLEY DRIVE
SUITE 1500
TAMPA, FL 33602

New Mailing Address:

100 NORTH TAMPA STREET
SUITE 1900
TAMPA, FL 33602

FEI Number: 59-3739271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THORN, W. THOMPSON III
100 S. ASHLEY DRIVE
STE 1900
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

THORN, W. THOMPSON III
100 NORTH TAMPA STREET
STE 1900
TAMPA, FL 33602 US

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:

03/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: THORN, W. THOMPSON III
Address: 100 N TAMPA ST SSTE 1900
City-St-Zip: TAMPA, FL 33602

Title: MGR () Delete
Name: DOYLE, DANIEL M SR
Address: 5100 W CYPRESS STREET
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THORN, W. THOMPSON III
Address: 100 N TAMPA ST STE 1900
City-St-Zip: TAMPA, FL 33602

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: W. THOMPSON THORN, III

MGRM

03/03/2009

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