

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90756 012 ****50.00

DOCUMENT # **L02000028403**

1. Entity Name

GSS Consulting, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

100 Second Avenue South

3. Mailing Address

100 Second Avenue South

Suite, Apt. #, etc.

Suite 605

Suite, Apt. #, etc.

Suite 605

City & State

St Petersburg, FL

City & State

St. Petersburg, FL

Zip

Country

33701-4336

USA

Zip

Country

33701-4336

USA

4. FEI Number

41-2065677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

James G. Newman

Street Address (P.O. Box Number is Not Acceptable)

100 Second Avenue South

Suite 600

City

St Petersburg

FL

Zip Code

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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*MGRM
Tim Nelson
100 Second Avenue South, Suite 605
St Petersburg FL 33701-4336*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
*MGR
Jim Newman
100 Second Avenue South, Suite 605
St. Petersburg, FL 33701-4336*

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Tim Nelson

TIM NELSON

4-30-03

727-821-6161

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

Date

Daytime Phone #

CR2E083B (12/02)