

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90086 045 ***138.75

DOCUMENT # L05000013954

1. Entity Name
**GOVERNMENTAL MANAGEMENT SERVICES-SOUTH
FLORIDA, LLC**



Principal Place of Business

**5701 N. PINE ISLAND RD
SUITE 370
TAMARAC, FL 33321**

Mailing Address

**5701 N. PINE ISLAND RD
SUITE 370
TAMARAC, FL 33321**

60003830



01222008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2350263

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEAGUE & JESPERSON, P.A.
3955 RIVERSIDE AVENUE, SUITE 100
JACKSONVILLE, FL 32205**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MOSSING, DARRIN
5701 N. PINE ISLAND RD SUITE 370
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
HANS, RICHARD
5701 N PINE ISLAND RD STE 370
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
POWERS, PATTI
5701 N. PINE ISLAND RD STE 370
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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

Date

Daytime Phone #

1/22/08 (P) 888-1002