2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L05000013954

Entity Name: GOVERNMENTAL MANAGEMENT SERVICES-SOUTH FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-2350263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEAGUE & JESPERSON, P.A.
3955 RIVERSIDE AVENUE, SUIET 100
JACKSONVILLE, FL 32205 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: MGR ( ) Delete
Name: MOSSING, DARRIN
Address: 5701 N. PINE ISLAND RD SUITE 370
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete
Name: HANS, RICHARD
Address: 5701 N PINE ISLAND RD STE 370
City-St-Zip: TAMARAC, FL 33321

Title: V ( ) Delete
Name: POWERS, PATTI
Address: 5701 N. PINE ISLAND RD STE 370
City-St-Zip: TAMARAC, FL 33321

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: DARRIN S. MOSSING MGR 04/06/2009

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