

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

01-25-2008 90086 044 \*\*\*138.75

**DOCUMENT # L05000060907**

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



Principal Place of Business

**201 E PINE ST  
STE 950  
ORLANDO, FL 32801**

Mailing Address

**201 E PINE ST  
STE 950  
ORLANDO, FL 32801**

**60003831**



01222008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0905425**

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, STE. 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 **P**  
NAME **MOSSING, DARRIN**  
STREET ADDRESS **1729 JAMES FERRY RD**  
CITY-ST-ZIP **KINGSTON, TN 37763**

TITLE **D**  
NAME **FLINT, JR, GEORGE A**  
STREET ADDRESS **1818 E WASHINGTON ST**  
CITY-ST-ZIP **ORLANDO, FL 32803**

TITLE **A**  
NAME **LOVERA, ARIEL**  
STREET ADDRESS **3109 HERITAGE PKWY**  
CITY-ST-ZIP **ORLANDO, FL 32837**

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 #