2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000060907

FILED Apr 06, 2009 Secretary of State

Entity Name: GOVERNMENTAL MANAGEMENT SERVICES- CENTRAL FLORIDA, LLC

Current Principal Place of Business:			New Principal Place of Business:	
201 E PINI STE 950 ORLANDO	E ST D, FL 32801			
Current Mailing Address:			New Mailing Address:	
201 E PINI STE 950 ORLANDO	E ST), FL 32801			
FEI Number	: 55-0905425	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
3955 RIVE	& JESPERSON RSIDE AVENI			
The above	VILLE, FL 322	205 US	ourpose of changing its registere	ed office or registered agent, or both
The above in the State	NILLE, FL 322 named entity of Florida.	205 US	ourpose of changing its registere	ed office or registered agent, or both
The above in the State	NILLE, FL 322 named entity of Florida. RE:	205 US		ed office or registered agent, or both Date
The above in the State SIGNATUI	NILLE, FL 322 named entity of Florida. RE:	submits this statement for the particles of Registered Agr		
The above in the State SIGNATUI	NILLE, FL 322 named entity of Florida. RE: Electron MEMBERS/MANA	submits this statement for the particles of Registered Agrages: Delete RRIN ERRY RD	ent	
The above in the State SIGNATUI MANAGING Title: Name: Address:	named entity of Florida. RE: Electron MEMBERS/MAN/ P (MOSSING, DAI 1729 JAMES F KINGSTON, TN	submits this statement for the partic Signature of Registered Agragers: Delete RRIN ERRY RD 1 37763 Delete DRGE A NGTON ST	ent ADDITIONS/CHANGES: Title: Name: Address:	Date

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