

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099507

FILED
Aug 14, 2007
Secretary of State

Entity Name: GAMA MANAGEMENT SOLUTIONS, LLC

Current Principal Place of Business:

93 SOUTH STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 673
ST. AUGUSTINE, FL 32085

New Mailing Address:

FEI Number: 03-0610858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LEWIS, BRENDA W
230 WHISPERING WOODS LANE
#4
ST. AUGUSTINE, FL, FL 32084 US

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: SMITH, GEORGE A
Address: P.O. BOX 673
City-St-Zip: ST. AUGUSTINE, FL 32085

Title: MGRM () Delete
Name: SMITH, AMBER L
Address: P.O. BOX 673
City-St-Zip: ST. AUGUSTINE, FL 32085

ADDITIONS/CHANGES:

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: GEORGE A. SMITH

MGR

08/14/2007

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