

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117722

**FILED**  
**Feb 06, 2008**  
**Secretary of State**

**Entity Name:** GOVERNMENT POLICY SOLUTIONS, LLC

**Current Principal Place of Business:**

1619 NEW LEGEND CT  
TALLAHASSEE, FL 32312

**New Principal Place of Business:**

2940 KERRY FOREST PARKWAY  
SUITE 103  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

1619 NEW LEGEND CT  
TALLAHASSEE, FL 32312

**New Mailing Address:**

2940 KERRY FOREST PARKWAY  
SUITE 103  
TALLAHASSEE, FL 32309

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NAFF, ROSE M  
1619 NEW LEGEND CT  
TALLAHASSEE, FL 32312      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:            MGRM            ( ) Delete  
Name:           NAF, ROSE M  
Address:        1619 NEW LEGEND CT  
City-St-Zip:    TALLAHASSEE, FL 32312

**ADDITIONS/CHANGES:**

Title:            MGRM            (X) Change ( ) Addition  
Name:           NAFF, ROSE M  
Address:        1619 NEW LEGEND CT  
City-St-Zip:    TALLAHASSEE, FL 32312

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: ROSE M. NAFF

MGMR

02/06/2008

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