

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000007070

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** ORION MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

3245 NORTH COURTENAY PARKWAY, STE 16  
MERRITT ISLAND, FL 32953

**New Principal Place of Business:**

**Current Mailing Address:**

8003 FORBES PLACE  
SUITE 100  
SPRINGFIELD, VA 22151

**New Mailing Address:**

**FEI Number:** 42-1552282

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCK, JAMES MGR  
3245 NORTH COURTENAY PARKWAY  
SUITE 16  
MERRITT ISLAND, FL 32953 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  
Name: BRITELL, TIM  
Address: 8003 FORBES PLACE, SUITE 100  
City-St-Zip: SPRINGFIELD, VA 22151

Title: MGR  
Name: BRITELL, ANDREW  
Address: 8003 FORBES PLACE, SUITE 100  
City-St-Zip: SPRINGFIELD, VA 22151

Title: MGR  
Name: GUTIERREZ, KURT  
Address: 8003 FORBES PLACE, SUITE 100  
City-St-Zip: SPRINGFIELD, VA 22151

Title: MGR  
Name: MORIN, CHRIS  
Address: 8003 FORBES PLACE, SUITE 100  
City-St-Zip: SPRINGFIELD, VA 22151

I hereby 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: JAMES L COLE

CONT

01/04/2011

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