

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000080798

**Entity Name:** GSS FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

100 SECOND AVENUE SOUTH  
SUITE #600  
ST. PETERSBURG, FL 33701

**Current Mailing Address:**

100 SECOND AVENUE SOUTH  
SUITE #600  
ST. PETERSBURG, FL 33701

**FEI Number:** 20-1853826

**Certificate of Status Desired:** No

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

NEWMAN, JAMES G  
100 SECOND AVENUE SOUTH  
SUITE #600  
ST. PETERSBURG, FL 33701 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

**Authorized Person(s) Detail :**

Title MGR  
Name GREGORY, SHARER & STUART, P.A.  
Address 100 SECOND AVENUE SOUTH, SUITE  
600  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGR  
Name FARRELL, MATTHEW T  
Address 100 SECOND AVENUE SOUTH, SUITE  
600  
City-State-Zip: ST. PETERSBURG FL 33701

Title MGRM  
Name NEWMAN, JAMES G  
Address 100 SECOND AVENUE SOUTH  
City-State-Zip: ST. PETERSBURG FL 33701

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MATTHEW TIMOTHY FARRELL

**MANAGER**

**01/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date