

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000018478

**Entity Name:** LEXICON GOVERNMENT SERVICES, LLC

**Current Principal Place of Business:**

815 S MAIN ST  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

PO BOX 48088  
ATTN: LORI EISCHEN  
JACKSONVILLE, FL 32247 US

**FEI Number:** 33-1132522

**Certificate of Status Desired:** No

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

BARNETT, JAMES G  
815 S MAIN ST  
JACKSONVILLE, FL 32207 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 VAUGHN, BARRY S  
Address 815 S MAIN ST  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name BARNETT, JAMES G  
Address 815 S MAIN ST  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name DOYLE, GEORGE W  
Address 815 S MAIN ST  
City-State-Zip: JACKSONVILLE FL 32207

Title MGR  
Name SABATALO, JOHN F  
Address 9823 CINCINNATI-DAYTON ROAD  
City-State-Zip: WEST CHESTER OH 45069

Title MGR  
Name PLANES, JOHN J  
Address 9823 CINCINNATI-DAYTON ROAD  
City-State-Zip: WEST CHESTER OH 45069

*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:** JAMES G. BARNETT

**MANAGER**

**02/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date