

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000041756

**Entity Name:** CWSEAPA SEMINARS, LLC

**Current Principal Place of Business:**

14 E. WASHINGTON STREET, SUITE 331  
ORLANDO, FL 32801

**Current Mailing Address:**

14 E. WASHINGTON STREET, SUITE 331  
ORLANDO, FL 32801 UN

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SMALLEY, CRAIG W MST, EA  
14 E. WASHINGTON STREET, SUITE 331  
ORLANDO, FL 32801 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 SMALLEY, CRAIG W MST, EA  
Address 14 E. WASHINGTON STREET, SUITE 331  
City-State-Zip: ORLANDO FL 32801

Title MGR  
Name SMALLEY, BELSIS K  
Address 14 E. WASHINGTON STREET, SUITE 331  
City-State-Zip: ORLANDO FL 32801

Title AUTHORIZED MEMBER  
Name REVOCABLE LIVING TRUST OF CRAIG AND BELSIS SMALLEY  
Address 14 E. WASHINGTON STREET, SUITE 331  
City-State-Zip: ORLANDO 32801

Title AUTHORIZED MEMBER  
Name SMALLEY, GREGORY W II  
Address 14 E. WASHINGTON STREET, STE. 331  
City-State-Zip: ORLANDO FL 32801

*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:** CRAIG W. SMALLEY, MST, EA

**MANAGING MEMBER**

**01/03/2018**

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

\_\_\_\_\_  
Date