

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000033722

1. Entity Name
GMAIA, LLC



Principal Place of Business
43 BARKLEY CIRCLE, STE. 202
FT MYERS, FL 33907

Mailing Address
43 BARKLEY CIRCLE, STE. 202
FT MYERS, FL 33907



02262005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2583797

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GORA, BRUCE T
43 BARKLEY CIRCLE, STE. 202
FT MYERS, FL 33907

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GORA, BRUCE T
STREET ADDRESS	43 BARKLEY CIRCLE, STE. 202
CITY- ST- ZIP	FT MYERS, FL 33907
TITLE	MGR
NAME	MCGAHEY, DAN ROBERT
STREET ADDRESS	43 BARKLEY CIRCLE, STE. 202
CITY- ST- ZIP	FT MYERS, FL 33907
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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03/07/05-80099-012 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

BRUCE T. GORA

SIGNATURE:

MARCH 7, 2005 239-275-0225

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #