

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052062

Entity Name: GAIN CAPITAL, LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160

New Principal Place of Business:

18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160 US

Current Mailing Address:

18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160

New Mailing Address:

18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160 US

FEI Number: 20-1380218

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINKEWER, JORGE
18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

HALBERSTEIN, DANIEL
18205 BISCAYNE BLVD., SUITE 2202
AVENTURA, FL 33160 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: DANIEL HALBERSTEIN

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GROSFELD, MARIO
Address: 18205 BISCAYNE BLVD., SUITE 2202
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: LINKEWER, JORGE
Address: 18205 BISCAYNE BLVD., SUITE 2202
City-St-Zip: AVENTURA, FL 33160

Title: MGRM () Delete
Name: HALBERSTEIN, DANIEL
Address: 18205 BISCAYNE BLVD., SUITE 2202
City-St-Zip: AVENTURA, FL 33160

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARIO GROSFELD

MGRM

04/15/2009

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