

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000088314

Entity Name: GAI SEMINARS, LLC

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

631 SE DEGAN DR  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

1174 SW ESTAUGH AVE  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

P.O BOX 7835  
PORT ST LUCIE, FL 349857835 US

**New Mailing Address:**

FEI Number: 34-2063176

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GIBBINS, EUGENE R  
631 SE DEGAN DR  
PORT ST. LUCIE, FL 34983 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GIBBINS, EUGENE R DR.  
Address: 1174 SW ESTAUGH AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM  
Name: GIBBINS, MARY R  
Address: 1174 SW ESTAUGH AVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

I hereby 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: EUGENE R GIBBINS

MGRM

04/19/2011

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