

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000121887

Entity Name: GOAL-BASED SCENARIOS LLC**Current Principal Place of Business:**3784 SE OLD ST. LUCIE BLVD.
STUART, FL 34996**Current Mailing Address:**3784 SE OLD ST. LUCIE BLVD.
STUART, FL 34996 US**FEI Number:** 46-3541064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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	MGRM
Name	SOCRATIC ARTS, INC.
Address	3784 SE OLD ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34996

Title	MGRM
Name	OLSEN, MICHAEL
Address	3784 SE OLD ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34996

Title	MGRM
Name	BAREISS, RAY
Address	3784 SE OLD ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34996

Title	MGRM
Name	RIESBECK, CHRIS
Address	3784 SE OLD ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34996

Title	MGRM
Name	SCHANK, HANNA
Address	3784 SE OLD ST. LUCIE BLVD.
City-State-Zip:	STUART FL 34996

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: HANA SCHANK**MANAGER****02/11/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date