

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000045605

**Entity Name:** GIFTED MINDS LEARNING SOLUTIONS LLC

**Current Principal Place of Business:**

5310 LENOX AVE  
SUITE 22  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5310 LENOX AVE  
SUITE 22, BOX 18  
JACKSONVILLE, FL 32205 US

**FEI Number:** 86-2356428

**Certificate of Status Desired:** Yes

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

ST. FLEUR, JENNIFER T  
5310 LENOX AVE  
SUITE 22  
JACKSONVILLE, FL 32205 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 AUTHORIZED REPRESENTATIVE  
Name ST. FLEUR, JEAN-MARC  
Address 15622 PALFREY CHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32234

Title COO, CEO  
Name ST FLEUR, JENNIFER T  
Address 15622 PALFREY CHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32234

Title AUTHORIZED REPRESENTATIVE  
Name CHRISTOPHER, TIFFANY  
Address 15622 PALFREY CHASE DRIVE  
City-State-Zip: JACKSONVILLE FL 32234

*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:** JENNIFER T ST FLEUR

CEO

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date