

1711000003117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

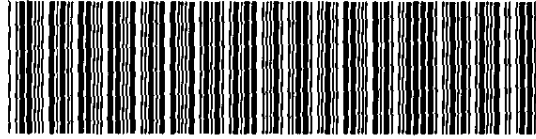
(Document Number)

Certified Copies _____

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15 MAR 20 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 20 2015

T. HAMPTON

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: Dania Entertainment Center, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Leon Reitnauer

Name of Person

West Flagler Associates, Ltd.

Firm/Company

450 NW 37th Avenue

Address

Miami, Florida 33125

City/State and Zip Code

lreitnauer@magiccitycasino.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leon Reitnauer at (305) 631-4517

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2015

LEON REITNAURER
WEST FLAGLER ASSOCIATES, LTD.
450 NW 37TH AVENUE
MIAMI, FL 33125

SUBJECT: DANIA ENTERTAINMENT CENTER, LLC
Ref. Number: M11000003117

We have received your document for DANIA ENTERTAINMENT CENTER, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 815A00005569

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
15 MAR 20 AM 11:17
NOT IN THE MAIL
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

**STATEMENT BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Dania Entertainment Center, LLC
2. The Florida document number of this limited liability company is: M11000003117
3. Jurisdiction of its organization: Delaware
4. Date authorized to do business in Florida: June 17, 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____
Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: _____

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TALLAHASSEE, FLORIDA

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Cristobal M. Lopez	Juncal 4693, (C1425BAE)	<input type="checkbox"/> Add

Cuidad Auto. De Bue Aires ~~X~~ Remove
Ag xx

MGR Hector J. Cruz Juncal 4693 ☒ Add

Buenos Aires, BA 1425RA ☐ Remove

_____ ☐ Add

[Remove](#)

☐ Add


[Remove](#)

☐ Add

☐ Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

the law of which this entity is organized.


Signature of the authorized representative

John M. Lockwood, Esq
Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA