

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093125

**Entity Name:** MAGIC CITY DEVELOPMENT LLC

**Current Principal Place of Business:**

3663 SW 8TH STREET  
THIRD FLOOR  
MIAMI, FL 33135

**Current Mailing Address:**

3663 SW 8TH STREET  
THIRD FLOOR  
MIAMI, FL 33135

**FEI Number:** 26-1714008

**Certificate of Status Desired:** No

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

VALLS, FELIPE AJR.  
3663 SW 8TH STREET  
THIRD FLOOR  
MIAMI, FL 33135 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           MANAGING MEMBER  
Name           VALLS, FELIPE AJR.  
Address        3663 SW 8TH STREET, THIRD FLOOR  
  
City-State-Zip: MIAMI FL 33135

Title           MGR  
Name           VALLS, NICOLE  
Address        3663 SW 8TH STREET, THIRD FLOOR  
  
City-State-Zip: MIAMI FL 33135

Title           MGR  
Name           VALLS-EDWARDS, JEANNETTE  
Address        3663 SW 8TH STREET - PENTHOUSE  
  
City-State-Zip: MIAMI FL 33135

Title           MGR  
Name           TORNES, JACQUELINE  
Address        3663 SW 8TH ST - PENTHOUSE  
  
City-State-Zip: MIAMI FL 33135

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACQUELINE TORNES

**MANAGER**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date