## that my name appears above, or on an attachment with all other like empowered. 07/25/2013

### SIGNATURE: GIORGO CHIRDARIS

Electronic Signature of Signing Authorized Person(s) Detail

# 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L0500006336

Entity Name: DORAL BILLIARDS GROUP LLC

#### **Current Principal Place of Business:**

7800 NW 25TH STREET # 1 MIAMI, FL 33122

#### **Current Mailing Address:**

7800 NW 25TH STREET # 1 MIAMI, FL 33122

#### FEI Number: 20-2232977

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

SAMUEL A. RUBERT, P.A. 3225 FRANKLIN AVENUE. SUITE C-101 COCONUT GROVE, FL 33133 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

Authorized Person(s) Detail :								
Title	MGRM	Title	MANAGING MEMBER					
Name	CHIRDARIS, GIORGO	Name	CHIRDARIS, PAUL					
Address	7800 N.W. 25TH STREET, #1	Address	7800 NW 25TH STREET					
City-State-Zip:	MIAMI FL 33122	City Ctata Zin	# 1					

Certificate of Status Desired: No

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

MGRM

City-State-Zip: MIAMI FL 33122

Date

Date

FILED Jul 25, 2013 Secretary of State CC5850786793