

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050515

**Entity Name:** MASTER CONCESSIONAIR, LLC

**Current Principal Place of Business:**

1200 NW 78TH AVE  
SUITE 400  
DORAL, FL 33126

**Current Mailing Address:**

1200 NW 78 AVENUE, SUITE 400  
DORAL, FL 33126 US

**FEI Number:** 01-0836427

**Certificate of Status Desired:** Yes

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

VILA, OSCAR J ESQ  
VILA, PADRON & DIAZ, P.A.  
201 ALHAMBRA CIRCLE SUITE 702  
CORAL GABLES, FL 33134 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 MGR  
Name ALBERNI, WILLIAM  
Address 1200 NW 78 AVE  
SUITE 400  
City-State-Zip: DORAL FL 33126

Title MGR  
Name AMARO, PEDRO JR  
Address 1200 NW 78 AVE  
SUITE 400  
City-State-Zip: DORAL FL 33126

Title MGR  
Name VILA, OSCAR J  
Address 201 ALHAMBRA CIRCLE  
SUITE 702  
City-State-Zip: CORAL GABLES FL 33134

*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:** ALBERNI , WILLIAM

**MGR**

**04/08/2024**

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

\_\_\_\_\_  
Date