

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000034688

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC2328289640**

**Entity Name:** D-CINEMA NOC SERVICES, LLC

**Current Principal Place of Business:**

520 BRICKELL KEY DRIVE  
OFFICE SUITE O-304A  
MIAMI, FL 33131

**Current Mailing Address:**

520 BRICKELL KEY DRIVE  
OFFICE SUITE O-301  
MIAMI, FL 33131 US

**FEI Number:** 46-2216131

**Certificate of Status Desired:** No

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

BENITEZ, VILMA E  
520 BRICKELL KEY DRIVE  
OFFICE SUITE O-301  
MIAMI, FL 33131 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           | VP   | Title           | PRESIDENT                            |
| Name            | BENITEZ, VILMA E                           | Name            | DANIEL, BENITEZ A                    |
| Address         | 520 BRICKELL KEY DRIVE, OFFICE SUITE O-301 | Address         | 520 BRICKELL KEY DRIVE OFFICE O-304A |
| City-State-Zip: | MIAMI FL 33131                             | City-State-Zip: | MIAMI FL 33131                       |

*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:** VILMA E BENITEZ

VP

01/08/2015

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

\_\_\_\_\_  
Date