

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000090637

**Entity Name:** AGS OF NORTH CAROLINA LLC

**Current Principal Place of Business:**

10349 WATSON ROAD  
100  
SAINT LOUIS, MO 63127

**Current Mailing Address:**

10349 WATSON ROAD  
SUITE 100  
SAINT LOUIS, MO 63127 US

**FEI Number:** 46-3178033

**Certificate of Status Desired:** No

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

EDWARDS, ROBERT  
2999 NE 191ST STREET  
FIFTH FLOOR  
AVENTURA, FL 33180 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 KISMET LLC  
Address 10349 WATSON ROAD  
SUITE 100  
City-State-Zip: SAINT LOUIS MO 63127

*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:** GARY FEARS

**MANAGER**

**06/26/2018**

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

\_\_\_\_\_  
Date