

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005866

**Entity Name:** SOLOMON GROUP ENTERTAINMENT, LLC

**Current Principal Place of Business:**

825 GIROD ST  
NEW ORLEANS, LA 70113

**Current Mailing Address:**

825 GIROD ST  
NEW ORLEANS, LA 70113

**FEI Number: 26-3953158**

**Certificate of Status Desired: No**

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

REGISTERED AGENTS INC.  
7901 4 ST N STE 300  
ST PETERSBURG, FL 33702 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 MBR  
Name SOLOMON, GARY JR  
Address 825 GIROD ST  
City-State-Zip: NEW ORLEANS LA 70113

Title AP  
Name SOLOMON, GARY JR  
Address 825 GIROD ST  
City-State-Zip: NEW ORLEANS LA 70113

Title AP  
Name FINK, STEPHEN  
Address 825 GIROD ST  
City-State-Zip: NEW ORLEANS LA 70113

Title MGR  
Name SOLOMON GROUP VENTURES, LLC  
Address 825 GIROD ST  
City-State-Zip: NEW ORLEANS LA 70113

Title AP  
Name AOUIDIDI, SAM  
Address 825 GIROD ST  
City-State-Zip: NEW ORLEANS LA 70113

*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: DANIEL W DILZELL**

**GENERAL COUNSEL**

**03/03/2023**

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

\_\_\_\_\_  
Date