2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT #1.04000028585



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Entity Name AZEEKA GAMING ENTERPRIZES, LLC							06 HAY 19 A	# 10: 41	5
Principal Place of Business 4748 S. OCEAN BLVD., SUITE 3B HIGHLAND BEACH, FL 33487			Mailing Address 4748 S. OCEAN BLVD., SUITE 3B HIGHLAND BEACH, FL 33487				II 83III 818II 80IK 88III 88III 88III 8	31 (310) 8((81 (818) 8)	13 1 H) (53 1
Principal Place of Business 129 Beach Street Suite, Apt. #, etc.			3. Mailing Address 129 Beach Street Suite, Apt. #, etc.						
						04242006		2E101 (11/05)	
City & State Saco, ME			City & State Saco, ME			4. FEI Numb	4–1642656	<u> </u>	plied For t Applicable
^{Zip} 0407	2	Country York	^{Zip} 04072	Count Y	iry ork	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent					Name	7. Name an	d Address of New Register	ed Agent	
FELDMAN, RICHARD 4748 S. OCEAN BLVD., SUITE 3B					Street Address (P.O. Box Number is Not Acceptable)				
		FL 33487			1771	Branch V	/ine Drive, Wes	st	
					City Jacksonville FL Zin Code 32246				
8. 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE Signature, hyped or profited name of registored agent and bits if applicable. (NOTE: Registered Agent signature regulared when reinstating) DATE							106		
FILE NOW!!! FEE IS \$100.00 In accordance with s. 60 liability company did no								k payable to rtment of State	•
9.		MANAGING MEMBER		10.			ADDITIONS/CHANG		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		Ja ET ADDRESS 11	RM wes C. G 45 Main		☐ Change	₩ Addition
TITLE			☐ Delete	TITLE	MG	R	•	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					ET ADDRESS Tu	o Violet rtle Run nthrop,	te Road, #10 ME 04364		
TITLE NAME STREET ADDRESS City-St-Zip			□ Delete		Ref ADDRESS 12	nald Poi 9 Beach	St.	Change	Addition
					Sa	co. ME C	4U./.Z	<u>-</u>	Addition
TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE				Change	
NAME STREET ADDRESS			☐ Delete	NAME	MR Aa ET ADDRESS 12	G ron Pois 9 Beach	son St.	☐ Change	
NAME STREET ADDRESS CHY-ST-ZIP				NAME STREE	MR E Aa ET ADDRESS 12 -SI-ZIP Sa	G ron Pois	son St.		☐ Addition
NAME STREET ADDRESS			□ Delete	NAMI STREI CITY- TITLE NAMI STRE	MR Aa ET ADDRESS 12 -ST-ZIP Sa	G ron Pois 9 Beach co, ME C	son St. 4072	☐ Change	□ Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE				NAME STREE CITY- TITLE NAME STREE CITY-	MR Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aa	G ron Pois 9 Beach co, ME C	son St.	☐ Change	Addition
NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete	NAME STREET STREET STREET NAME STREET TITLE NAME STREET NAME STREET	MR Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aaa Aa	G ron Pois 9 Beach co, ME C	son St. 4072	Change	Addition

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I as wimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRES 18/06 (561) 703-4060 Dete