

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000035944

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** IRISH GAMING CONCEPTS LLC

**Current Principal Place of Business:**

396 FLAGLER AVE.  
NEW SMYRNA BEACH, FL 32169 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 128  
NEW SMYRNA BEACH, FL 32170 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MATHIS & MURPHY, P.A.  
1200 RIVERPLACE BOULEVARD  
SUITE 902  
JACKSONVILLE, FL 32207 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STANTON, PATRICK  
Address: 396 FLAGLER AVE.  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

Title: MGRM  
Name: STANTON, LINDA R  
Address: 396 FLAGLER AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LAURIE M. LEE, ESQ.

ATTY

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date