

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000091071

**Entity Name:** CASINO EVENTS LLC

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

11055 NW 39TH ST  
203  
SUNRISE, FL 33351

**New Principal Place of Business:**

10242 NW 47TH ST  
33  
SUNRISE, FL 33351

**Current Mailing Address:**

11055 NW 39TH ST  
203  
SUNRISE, FL 33351

**New Mailing Address:**

10242 NW 47TH ST  
33  
SUNRISE, FL 33351

FEI Number: 27-1372402

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MAFARA, SHEUNESU T  
11055 NW 39TH ST  
203  
SUNRISE, FL 33351 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: MGR  
Name: MAFARA, SHEUNESU T  
Address: 11055 NW 39TH ST  
City-St-Zip: SUNRISE, FL 33351

Title: MGRM  
Name: GATSI, TARIRO  
Address: 11055 NW 39TH ST  
City-St-Zip: SUNRISE, FL 33351

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: SHEUNESU MAFARA

MGR

03/21/2011

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