

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90154 005 ****50.00

DOCUMENT # M01000000900

1. Entity Name

SOLEIL LV, LLC



Principal Place of Business

**801 S RAMPART BLVD., STE 200
LAS VEGAS NV 89145**

Mailing Address

**801 S RAMPART BLVD., STE 200
LAS VEGAS NV 89145**

200006333



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

88-0390313

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVENUE
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Delete
NAME **RUTHLEDGE, LYNN**
STREET ADDRESS **801 S. RAMPART BLVD. STE 200**
CITY- ST- ZIP **LAS VEGAS NV 89145**

TITLE **MANAGER** ☐ Change ☒ Addition
NAME **KEVIN BLAIR**
STREET ADDRESS **801 S. RAMPART BLVD., STE. 200**
CITY- ST- ZIP **LAS VEGAS, NEVADA 89145**

TITLE **MGRM** ☐ Delete
NAME **KAPLAN, MICHAEL**
STREET ADDRESS **801 S. RAMPART BLVD., STE 200**
CITY- ST- ZIP **LAS VEGAS NV**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 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:

Kevin Blair

KEVIN BLAIR-MANAGER

01/27/05

702-967-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #