

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000068612

**Entity Name:** 509 ISLE OF CAPRI, LLC

**Current Principal Place of Business:**

C/O HSBC GUYERZELLER TRUST CO. AG  
SPLUGENSTRASSE 6, ZURICH  
SWITZERLAND CH-8027, XX 8027

**Current Mailing Address:**

C/O HSBC GUYERZELLER TRUST CO. AG  
SPLUGENSTRASSE 6, ZURICH  
SWITZERLAND CH-8027, XX 8027 XX

**FEI Number:** 84-1515010

**Certificate of Status Desired:** No

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

EMMOTT, NEIL  
2711 NE 14TH ST  
FT LAUDERDALE, FL 33304 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            MAN  
Name            TELECTION OVERSEAS, INC.  
Address        P. O. BOX 1403  
City-State-Zip: VAIL CO 81658

*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:** MICHAEL L. PHILLIPS

**ACCOUNTANT**

**01/10/2014**

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

\_\_\_\_\_  
Date