

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045020

Entity Name: A CUBED, LLC

FILED  
Feb 05, 2009  
Secretary of State

**Current Principal Place of Business:**

2875 N.E. 191 STREET SUITE 400  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

2875 N.E. 191 STREET SUITE 400  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 26-2701883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
150 WEST FLAGLER STREET SUITE 2200  
MIAMI, FL 33130 US

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

PAPADAKIS, JOAN CFO  
2875 N.E. 191 STREET  
SUITE 400  
AVENTURA, FL 33180 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: JOAN PAPADAKIS

02/05/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: STUDNIK, SHANI  
Address: 2875 NE 191 STREET SUITE 400  
City-St-Zip: AVENTURA, FL 33180

Title: MGRM ( ) Change (X) Addition  
Name: STUDNIK, STACY  
Address: 2875 NE 191 STREET  
City-St-Zip: AVENTURA, FL 33180

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SHANI STUDNIK

MGRM

02/05/2009

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