

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000086155

**Entity Name:** MJ SQUARED, L.L.C.

**Current Principal Place of Business:**

5309 29TH STREET EAST  
ELLENTON, FL 34222

**Current Mailing Address:**

PO BOX 49586  
SARASOTA, FL 34230 US

**FEI Number:** 20-1938421

**Certificate of Status Desired:** No

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

KAPLAN, MARVIN I  
5309 29TH STREET EAST  
ELENTON, FL 34222 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:** MARVIN KAPLAN

01/18/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name KAPLAN, MARVIN I  
Address PO BOX 49586  
City-State-Zip: SARASOTA FL 34230

*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:** MARVIN KAPLAN

MGRM

01/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date