

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098123

**Entity Name:** UBI SQUARED LLC

**Current Principal Place of Business:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**Current Mailing Address:**

8151 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name FAHEY, TOM  
Address 8151 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name COX, JOHN JR.  
Address 8151 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name MACHUL, JOHN D  
Address 8151 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name NEE, TIMOTHY  
Address 8151 PETERS ROAD  
City-State-Zip: PLANTATION FL 33324

Title MGR  
Name MURRAY, MICHAEL  
Address 8151 PETERS ROAD  
SUITE 1000  
City-State-Zip: PLANTATION FL 33324

*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:** JOHN MACHUL

**PRESIDENT**

**04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date