

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000045020

**Entity Name:** A CUBED, LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 26-2701883

**Certificate of Status Desired:** No

**Name and Address of Current 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGRM  
Name STUDNIK, SHANI  
Address 2875 NE 191 STREET SUITE 400  
City-State-Zip: AVENTURA FL 33180

Title MGRM  
Name STUDNIK, STACY  
Address 2875 NE 191 STREET  
City-State-Zip: AVENTURA FL 33180

*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:** STACY STUDNIK

MGRM

01/14/2014

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

\_\_\_\_\_ Date