

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000077069

**Entity Name:** M SQUARED SYSTEM LLC

**Current Principal Place of Business:**

MATTHEW COYNE  
3200 PALM AIRE DRIVE NORTH #905  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

MATTHEW COYNE  
3200 PALM AIRE DRIVE NORTH #905  
POMPANO BEACH, FL 33069

**FEI Number:** 45-3701941

**Certificate of Status Desired:** No

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

COYNE, MATTHEW  
3200 PALM AIRE DRIVE NORTH #905  
POMPANO BEACH, FL 33069 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	Title	MGRM
Name	COYNE, MATTHEW	Name	LANDI, MICHAEL
Address	3200 PALM AIRE DRIVE NORTH #905	Address	10188 NW 48 DRIVE
City-State-Zip:	POMPANO BEACH FL 33069	City-State-Zip:	CORAL SPRINGS FL 33078

*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:** MATTHEW D. COYNE

**MGRM**

**01/09/2015**

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

\_\_\_\_\_  
Date