

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000079279

**Entity Name:** ONEWE, LLC

**Current Principal Place of Business:**

5814 SCHOONER WAY  
TAMPA, FL 33615

**Current Mailing Address:**

5814 SCHOONER WAY  
TAMPA, FL 33615 US

**FEI Number: 46-3148878**

**Certificate of Status Desired: Yes**

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

LASCALA, ANITA  
5814 SCHOONER WAY  
TAMPA, FL 33615 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	LASCALA, RON	Name	LASCALA, ANITA
Address	5814 SCHOONER WAY	Address	5814 SCHOONER WAY
City-State-Zip:	TAMPA FL 33615	City-State-Zip:	TAMPA FL 33615
Title	MGRM		
Name	DETORE, KIMBERLY		
Address	261 NE 16TH PLACE UNIT 306		
City-State-Zip:	FT LAUDERALE FL 33305		

*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: ANITA LASCALA**

**MANAGER MEMBER**

**02/26/2014**

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

\_\_\_\_\_  
Date