

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000164893

**Entity Name:** @ IDEAS OFFICE LLC

**Current Principal Place of Business:**

1800 CORAL WAY  
453654  
MIAMI, FL 33245

**Current Mailing Address:**

PO BOX 453654  
MIAMI, FL 33245

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

@ MANAGEMENT A LLC  
4875 SW 92 AVE  
MIAMI, FL 33245 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 @ MANAGEMENT A LLC  
Address 4875 SW 92 AVE  
City-State-Zip: MIAMI FL 33245

*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:** O. AGUIRRE

MNGR

05/01/2014

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

\_\_\_\_\_ Date