

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000182193

**Entity Name:** MA WORKSSHOP LLC

**Current Principal Place of Business:**

8108 SW 103 AVENUE  
MIAMI, FL 33173

**Current Mailing Address:**

8108 SW 103 AVENUE  
MIAMI, FL 33173 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SUAREZ, SANDRA  
8108 SW 103 AVENUE  
MIAMI, FL 33173 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	Title	MGR
Name	SUAREZ, SANDRA	Name	SUAREZ, ANGEL E
Address	8108 SW 103 AVENUE	Address	8108 SW 103 AVENUE
City-State-Zip:	MIAMI FL 33173	City-State-Zip:	MIAMI FL 33173

*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:** SANDRA SUAREZ

**MGR**

**05/01/2015**

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

\_\_\_\_\_  
Date