

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000195597

**Entity Name:** MA SQUARED, LLC

**Current Principal Place of Business:**

1022 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1022 E. HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483

**FEI Number:** 47-2737076

**Certificate of Status Desired:** No

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

ABRAMS, JOY L  
1022 E HERITAGE CLUB CIRCLE  
DELRAY BEACH, FL 33483 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 ABRAMS, JOY L  
Address 1022 E HERITAGE CLUB CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name ABRAMS, ROBERT G  
Address 1022 E HERITAGE CLUB CIRCLE  
City-State-Zip: DELRAY BEACH FL 33483

Title MGR  
Name ABRAMS, DANA M  
Address 617 ELDORADO LANE  
City-State-Zip: DELRAY BEACH FL 33444

Title MGR  
Name COHEN, STEPHEN D  
Address 617 ELDORADO LANE  
City-State-Zip: DELRAY BEACH FL 33444

*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:** JOY ABRAMS

**MGR/MEMBER**

**02/23/2015**

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

\_\_\_\_\_  
Date