

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000195597

**Entity Name:** MA SQUARED, LLC

**Current Principal Place of Business:**

2701 S OCEAN BLVD  
12  
HIGHLAND BEACH, FL 33487

**Current Mailing Address:**

2710 S OCEAN BLVD  
12  
HIGHLAND BEACH, FL 33487 US

**FEI Number:** 47-2737076

**Certificate of Status Desired:** No

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

ABRAMS, JOY L  
2701 S OCEAN BLVD  
12  
HIGHLAND BEACH, FL 33487 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 2701 S OCEAN BLVD  
12  
City-State-Zip: HIGHLAND BEACH FL 33487

Title MGR  
Name ABRAMS, ROBERT G  
Address 2701 S OCEAN BLVD  
12  
City-State-Zip: HIGHLAND BEACH FL 33487

Title MGR  
Name ABRAMS, DANA M  
Address 17886 MONTE VISTA DR.  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name COHEN, STEPHEN D  
Address 17886 MONTE VISTA DR.  
City-State-Zip: BOCA RATON FL 33496

*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:** ROBERT ABRAMS

**MANAGING PARTNER**

**01/04/2017**

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

\_\_\_\_\_  
Date