

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084796

Entity Name: MIKE SQUARED, LLC

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10681 NW 18TH DRIVE  
PLANTATION, FL 33322

**New Principal Place of Business:**

4051 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

10681 NW 18TH DRIVE  
PLANTATION, FL 33322

**New Mailing Address:**

4051 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 US

FEI Number: 45-2816341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MAALOUF, MICHAEL G  
10681 NW 18TH DRIVE  
PLANTATION, FL 33322 US

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

MAALOUF, MICHAEL G  
4051 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33445 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: MICHAEL MAALOUF

01/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAALOUF, MICHAEL G  
Address: 4051 W ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33445 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: MICHAEL MAALOUF

MGRM

01/21/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date