

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045410

Entity Name: @ MANAGEMENT A LLC

Current Principal Place of Business:

4875 SW 92 AVE
MIAMI, FL 33175

Current Mailing Address:

PO BOX 453654
MIAMI, FL 33245 US

FEI Number: 90-0579599

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AT THE OFFICE LLC
4875 SW 92 AVE
MIAMI, FL 33165 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 PO BOX 453654
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

04/30/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date