

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033615

**Entity Name:** CUBEKIOSK, LLC

**Current Principal Place of Business:**

6437 LAS FLORES DRIVE  
BOCA RATON, FL 33433

**Current Mailing Address:**

6437 LAS FLORES DRIVE  
BOCA RATON, FL 33433

**FEI Number:** 27-2217138

**Certificate of Status Desired:** No

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

DELUCIA, DON  
6437 LAS FLORES DRIVE  
BOCA RATON, FL 33433 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 MGRM  
Name DELUCIA, DON  
Address 6437 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title MGRM  
Name DELUCIA, SUSAN  
Address 6437 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title MGR  
Name DELUCIA, MICHAEL  
Address 6437 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title MGR  
Name DELUCIA, ANGELA  
Address 6437 LAS FLORES DRIVE  
City-State-Zip: BOCA RATON FL 33433

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONALD B. DELUCIA

**MANAGING PARTNER**

**01/16/2013**

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

\_\_\_\_\_  
Date