

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000087301

**Entity Name:** CUBE M CONSULTING LLC

**Current Principal Place of Business:**

3702 HILEMAN DRIVE NORTH  
LAKELAND, FL 33810

**Current Mailing Address:**

PO BOX 781  
KATHLEEN, FL 33849

**FEI Number:** 47-0981344

**Certificate of Status Desired:** No

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

MORSE, MICHAEL P  
3702 HILEMAN DRIVE NORTH  
LAKELAND, FL 33810 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            AMBR  
Name            MORSE, MICHAEL P  
Address        3702 HILEMAN DRIVE NORTH  
City-State-Zip: LAKELAND FL 33810

Title            AP  
Name            MORSE, BROOKE D  
Address        1757 N PAULINA - UNIT B  
City-State-Zip: CHICAGO IL 60622

*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:** MICHAEL P MORSE

**PRINCIPAL**

**04/29/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date