#### 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.

DIRECTOR

SIGNATURE: MCDOWELL, NORA E

Electronic Signature of Signing Authorized Person(s) Detail

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

Authorized Person(s) Detail :			
Title	MGRM	Title	MD
Name	MORENO, GUSTAVO	Name	MCDOWELL, NORA E
Address	1040 MARINER DRIVE	Address	1985 NW 88 COURT, STE 201
City-State-Zip:	KEY BISCAYNE FL 33149	City-State-Zip:	MIAMI FL 33172

**Current Mailing Address:** 

PO BOX 52-1235 MIAMI, FL 33152

MORENO, GUSTAVO 1985 NW 88 COURT

MIAMI, FL 33172 US

SUITE 201

#### FEI Number: 87-0804262

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

SUITE 201 MIAMI, FL 33172

### 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L07000058003

Entity Name: SPACE FLORAL, LLC

## **Current Principal Place of Business:**

1985 NW 88 COURT

Apr 11, 2013 Secretary of State CC3730053524

FILED

Certificate of Status Desired: No

04/11/2013

Date