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.

CEO

SIGNATURE: SANDRA PAREDES

Electronic Signature of Signing Authorized Person(s) Detail

### PAREDES, SANDRA 15295 SW 40TH ST DAVIE, FL 33331 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

## Authorized Person(s) Detail :

Title	CEO	Title	MBR
Name	PAREDES, SANDRA	Name	PAREDES SIERRA, CLAUDIA M
Address	15295 SW 40TH ST	Address	15295 SW 40TH ST
City-State-Zip:	DAVIE FL 33331	City-State-Zip:	DAVIE FL 33331

Certificate of Status Desired: No

FILED Jan 14, 2016 Secretary of State CC6954818281

Date

### 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000161625

Entity Name: SP SOLUTIONS & SERVICES LLC

Name and Address of Current Registered Agent:

# Current Principal Place of Business:

15295 SW 40TH ST DAVIE, FL 33331

# **Current Mailing Address:**

15295 SW 40TH ST DAVIE, FL 33331 US

# FEI Number: 46-4189607

01/14/2016 Date