	SIGNATURE	: MARIA CAMILA GONZALEZ			03/18/2020
		Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :					
	Title	MGR	Title	MGR	
	Name	NINO, MARTHA LUCIA	Name	GONZALEZ, MARIA CAMILA	
	Address	15864 W WIND CIRCLE	Address	15864 W WIND CIRCLE	
	City-State-Zip:	SUNRISE FL 33326	City-State-Zip:	SUNRISE FL 33326	
	Title	MANAGER			
	Name	GONZALEZ, JUAN FELIPE			
	Address	15864 WEST WIND CIRCLE			

Nam Address 15864 WEST WIND CIRCLE City-State-Zip: SUNRISE FL 33314

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: JUAN FELIPE GONZALEZ

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: SPECIAL SPACES CONSTRUCTION, LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

15864 W WIND CIRCLE SUNRISE, FL 33326

#### **Current Mailing Address:**

15864 W WIND CIRCLE SUNRISE, FL 33326 US

#### FEI Number: 81-2374466

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

GONZALEZ , MARIA CAMILA 15864 W WIND CIRCLE SUNRISE, FL 33326 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.

# DOCUMENT# L16000078735

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

## Mar 18, 2020 Secretary of State 6359536988CC

FILED

Certificate of Status Desired: No

Date

MANAGER

03/18/2020