## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000000224

DUGAND, RONALD

20951 VIA AZALEA NO. 6

BOCA RATON, FL 33428 US

Name:

Address:

City-St-Zip:

Entity Name: IDEALSPACE, LLC

FILED Apr 28, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2601 NASSAU BEND # D-2 COCONUT CREEK, FL 33066 **New Mailing Address: Current Mailing Address:** 2601 NASSAU BEND # D-2 COCONUT CREEK, FL 33066 FEI Number: 20-0454162 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GARCIA-OLIVER & MAINIERI, P.A. 2 ALHAMBRA PLAZA SUITE 801 CORAL GABLES, FL 33134 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete DUGAND, ROBERTO Name: Name: Address: 2601 NASSAU BEND, D-2 Address: City-St-Zip: COCONUT CREEK, FL 33066 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: DUGAND, CONSUELO Name: Address: 2601 NASSAU BEND, D-2 Address: City-St-Zip: COCONUT CREEK, FL 33066 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERTO DUGAND MGRM 04/28/2009