



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 13, 2007 8:00 am**  
**Secretary of State**

07-13-2007 90032 003 \*\*\*\*50.00

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| <b>DOCUMENT # L05000057828</b>  |   |  |   |   |  |
| <b>1. Entity Name</b><br>SPACES & SOLUTIONS LLC   |   |  |   |  |  |
| <b>Principal Place of Business</b><br>143 WALNUT CREST RUN<br>SANFORD, FL 32771   |   |  | <b>Mailing Address</b><br>143 WALNUT CREST RUN<br>SANFORD, FL 32771 |  |  |
| <b>60052448</b>   |   |  |   |  |  |
|   |   |  |   |  |  |
| <b>2. Principal Place of Business - No P.O. Box #</b><br>Suite, Apt. #, etc.  |   | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.                   |   | 07092007    Chg-LLC    CR2E083 (12/06)   |  |
| <b>City &amp; State</b>   |   | <b>City &amp; State</b>  |   | <b>4. FEI Number</b><br>20-3005030   |  |
| <b>Zip</b>  |   | <b>Country</b>   |   | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>   |  |
| <b>6. Name and Address of Current Registered Agent</b><br>REY, ROSALIA<br>840 BLERMONT LANE<br>LAKE MARY, FL 32746  |   |  |   | <b>7. Name and Address of New Registered Agent</b><br>Name: AMIRA REY<br>Street Address (P.O. Box Number is Not Acceptable): 17953 SW 135th AVE<br>City: MIAMI, FL 33177    State: FL    Zip Code: |  |
| <b>8. 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. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE: <i>Amira Rey Morales</i> DATE: 07-09-07<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by September 14, 2007</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |   |  |   | <b>10. ADDITIONS/CHANGES</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br>REY, LUIS E<br>143 WALNUT CREST RUN<br>SANFORD, FL 32771                    | <input type="checkbox"/> Delete                                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>REY, ROSALIA<br>840 BLERMONT LANE<br>LAKE MARY, FL 32746                     | <input checked="" type="checkbox"/> Delete                         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>REY, AMIRA<br><del>840 BLERMONT LANE</del><br><del>LAKE MARY, FL 32746</del> | <input type="checkbox"/> Delete                                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>REY, RAFAEL<br>840 BLERMONT LANE<br>LAKE MARY, FL 32746                      | <input checked="" type="checkbox"/> Delete                         |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Delete                                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.</b> |   |  |   |  |  |
| <b>SIGNATURE:</b> <i>Amira Rey Morales</i>  |   |  |   | 07-09-07    407-430-2660   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |   |  |   | <small>Date    Daytime Phone #</small>   |  |