2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057828

Entity Name: SPACES & SOLUTIONS LLC

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

143 WALNUT CREST RUN 6910 WEST UNIVERSITY AVENUE SANFORD, FL 32771

SUITE#2

GAINESVILLE, FL 32607

Current Mailing Address: New Mailing Address:

143 WALNUT CREST RUN 6910 WEST UNIVERSITY AVENUE

SANFORD, FL 32771 SUITE#2

GAINESVILLE, FL 32607

FEI Number: 20-3005030 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:

REY, AMIRA REY, AMIRA 6910 WEST UNIVERSITY AVENUE 17953 SW 135TH AVE

MIAMI, FL 33177 SUITE#2 GAINESVILLE, FL 32607 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: AMIRA REY 04/30/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition

REY, LUIS E Name: REY, AMIRA A Name: Address: 143 WALNUT CREST RUN Address: 6910 WEST UNIVERSITY AVENUE City-St-Zip: SANFORD, FL 32771 City-St-Zip: GAINESVILLE, FL 32607

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: REY, AMIRA Name: REY, LUIS E

Address: 17953 SW 135TH AVE Address: 6910 WEST UNIVERSITY AVENUE City-St-Zip: MIAMI, FL 33177 City-St-Zip: GAINESVILLE, FL 32607

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.

SIGNATURE: AMIRA REY **MGRM** 04/30/2008