2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057828

Entity Name: SPACES & SOLUTIONS LLC

FILED Apr 17, 2009 Secretary of State

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

6910 WEST UNIVERSITY AVENUE 701 SW 62ND BLVD SUITE#2

GAINESVILLE, FL 32607 GAINESVILLE, FL 32607

New Mailing Address: Current Mailing Address:

6910 WEST UNIVERSITY AVENUE 701 SW 62ND BLVD

SUITE#2 GAINESVILLE, FL 32607 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 701 SW 62ND BLVD

SUITE#2 GAINESVILLE, FL 32607 US 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: 04/17/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

REY, AMIRA A Name: Name: REY, AMIRA A Address: 6910 WEST UNIVERSITY AVENUE Address: 701 SW 62ND BLVD APT036 City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip: GAINESVILLE, FL 32607

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

Name: REY, LUIS E Name: Address: 6910 WEST UNIVERSITY AVENUE Address: City-St-Zip: GAINESVILLE, FL 32607 City-St-Zip:

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.

MGRM SIGNATURE: AMIRA REY 04/17/2009