

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000057828

Entity Name: SPACES & SOLUTIONS LLC

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

701 SW 62ND BLVD  
36  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

6910 W UNIVERSITY AVE  
2  
GAINESVILLE, FL 32607

**Current Mailing Address:**

701 SW 62ND BLVD  
36  
GAINESVILLE, FL 32607

**New Mailing Address:**

6910 W UNIVERSITY AVE  
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:**

REY, AMIRA  
701 SW 62ND BLVD  
36  
GAINESVILLE, FL 32607 US

**Name and Address of New Registered Agent:**

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:**

Title: MGRM  
Name: REY, AMIRA A  
Address: 701 SW 62ND BLVD APT036  
City-St-Zip: GAINESVILLE, FL 32607

I hereby 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

04/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date