

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013011

Entity Name: SPACE SOLUTIONS LLC

FILED
Aug 31, 2009
Secretary of State

Current Principal Place of Business:

3374 GONDOLIER WAY
LANTANA, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

3374 GONDOLIER WAY
LANTANA, FL 33462 US

New Mailing Address:

FEI Number: 20-4262168 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GREENE, PATRICIA
3374 GONDOLIER WAY
LANTANA, FL 33462 US

Name and Address of New Registered Agent:

GREENE, PATRICIA A
3374 GONDOLIER WAY
LANTANA, FL 33462 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: PATRICIA A. GREENE

08/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENE, STEPHEN
Address: 3374 GONDOLIER WAY
City-St-Zip: LANTANA, FL 33462 US

Title: MGRM () Delete
Name: GREENE, PATRICIA
Address: 3374 GONDOLIER WAY
City-St-Zip: LANTANA, FL 33462 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GREENE, PATRICIA A
Address: 3374 GONDOLIER WAY
City-St-Zip: LANTANA, FL 33462 US

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: PATRICIA A. GREENE

MGRM

08/31/2009

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