**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 08, 2014**
**Secretary of State**
**CC6899713675**

DOCUMENT# L05000007223

**Entity Name:** METASPIRE LLC

**Current Principal Place of Business:**

9858 GLADES ROAD
SUITE 217
BOCA RATON, FL 33434

**Current Mailing Address:**

9858 GLADES ROAD
SUITE 217
BOCA RATON, FL 33434

**FEI Number: 30-0303537**

**Certificate of Status Desired:** No

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

SEGURA, NINA E
6900 GIRALDA CIRCLE
BOCA RATON, FL 33433 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | SEGURA, NINA E |
| Address | 6900 GIRALDA CIRCLE |
| City-State-Zip: | BOCA RATON FL 33433 |

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: NINA SEGURA PRESIDENT 01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date