

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026449

**Entity Name:** SBPACE LLC

**Current Principal Place of Business:**

450 SE PINE RD  
PORT ST LUCIE, FL 34984

**Current Mailing Address:**

450 SE PINE RD  
PORT ST LUCIE, FL 34984

**FEI Number:** 26-4496624

**Certificate of Status Desired:** No

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

BUSINESS FILINGS INCORPORATED  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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 MEIHOFER, ALBERT  
Address 450 SE PINE RD  
City-State-Zip: PORT ST LUCIE FL 34984

Title SEC.  
Name MEIHOFER, ELIZABETH  
Address 450 SE PINE RD  
City-State-Zip: PORT ST LUCIE FL 34984

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ELIZABETH MEIHOFER

SEC.

03/22/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date