

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000223904

**Entity Name:** SPACE INVADERS, LLC**Current Principal Place of Business:**34 NE 11TH STREET  
MIAMI, FL 33128**Current Mailing Address:**212 N. MIAMI AVE.  
MIAMI, FL 33128 US**FEI Number:** 81-4691582**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DANESE, DAVIDE  
1670 BAY ROAD  
APT 6E  
MIAMI BEACH, FL 33139 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           | MGR                  |
| Name            | DANESE, DAVIDE MR    |
| Address         | 1670 BAY ROAD APT 6E |
| City-State-Zip: | MIAMI BEACH FL 33139 |

|                 |                              |
|-----------------|------------------------------|
| Title           | AP                           |
| Name            | COLOMA CANO, JOSE GABRIEL MR |
| Address         | 1670 BAY ROAD                |
| City-State-Zip: | MIAMI BEACH FL 33139         |

|                 |                      |
|-----------------|----------------------|
| Title           | AP                   |
| Name            | SINOPOLI, DAVID E MR |
| Address         | 690 SW 1ST CT        |
| City-State-Zip: | MIAMI FL 33130       |

|                 |                                |
|-----------------|--------------------------------|
| Title           | AP                             |
| Name            | FULLER, ERIC J                 |
| Address         | 824 JEFFERSON AVENUE<br>UNIT 3 |
| City-State-Zip: | MIAMI BEACH FL 33139           |

*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:** ERIC FULLER

AP

04/05/2018

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