

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074952

**Entity Name:** CLOUD 9 ALASKA, LLC

**Current Principal Place of Business:**

8270 SW 119 ST  
MIAMI, FL 33156

**Current Mailing Address:**

8270 SW 119 ST  
MIAMI, FL 33156

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROBLES, CARRIE  
8270 SW 119 ST  
MIAMI, FL 33156 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	Title	MRG
Name	ROBLES, CARRIE	Name	ROBLES, CARLOS
Address	8270 SW 119 ST	Address	8270 SW 119 ST
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

*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:** CARRIE ROBLES

MGR

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date