402000

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(C	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	
Signal	tures
Pu Po	7 SP
Anag	Tures on present of SP ua Trc. 18.
<u> </u>	Office Use Only



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N. CAUSSEAUX MAR 16 2018

COVER LETTER

TO: Registration Section	n
Division of Corporations	
SUBJECT: CLOUDBAND,	LTD. If Florida Limited Partnership or Limited Liability Limited Partnership)
	f Dissolution and fee(s) are submitted for filing. dence concerning this matter to:
	(Contact Person)
LaTanzi, Spaulding & Landreth	LLP
	(Firm/Company)
PO Box 2300	
	(Address)
Orleans, MA 02653	
	(City, State and Zip Code)
For further information cor	ncerning this matter, please call:
Melanie J. O'Keefe	508 255-2133 at ()
(Name of Contact	
Enclosed is a check for the	following amount:
	25 Filing Fee Certificate of and Certified Copy tus S105.00 Filing Fee Certified Copy Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	P. O. Box 6327 cle Tallahassee, FL 32314

CERTIFICATE OF DISSOLUTION FOR

CLOUDBAND, LTD.	
(Name of Florida Limited Partnership of	or Limited Liability Limited Partnership)
	on 620.1203, Florida Statutes, this Florida limited ted partnership, whose certificate was filed with the reh 10, 2008, assigned Florida, hereby submits this Certificate of
FIRST: Reason for dissolution: (State why partnership is submitting dissolution)
All of the general partners and limited par	rtners have consented to its dissolution.
•	3
	······································
SECOND: A Notice of Disso (Check box if a	
Department of State.)	the date of filing: The than 90 days after the date this document is filed by the Florida The series not meet the applicable statutory filing requirements, this date will
Signatures of each general partner or the p	person appointed pursuant to s. 620.1803(3) or (4), F.S.:
Kichard anovele	
Juju Camicle	President Vice President
Filing Fee: Certified Copy (optional):	\$52.50 \$52.50
Certificate of Status (ontional):	\$32.30 \$2.75

NOTICE OF DISSOLUTION FOR FLORIDA LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

This notice is submitted by the dissolved limited partnership or limited liability limited partnership named below or the successor entity for resolution of payment of unknown claims against this limited partnership or limited liability limited partnership as provided in s. 620.1807, F.S.

This "Notice of Dissolution" is optional and is not required when filing a Certificate of Dissolution.

Name of Dissolved Limited Partnership or Limited Liability Limited Partnership: CLOUDBAND, LTD.	
Description of information that must be included in a claim:	2018 HAR
	ئ ت :
Mailing address where claims can be sent: (Claims cannot be sent to the Florida Department of State.) 1181 LAS ALTURAS P.D.	
SANTA BARBARA, CA. 93103	·
A claim against the above named limited partnership or limited liability limited partnership be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of the notice.	ership
Signature of a general partner or a principal of the successor entity:	
Printed Name Printed Name Printed Name Signature	ale

Fee: No charge if included with Certificate of Dissolution: If filed separately, \$52.50.