LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

05-01-2002 91553 048 ****50.00
L0000005586

DOCUMENT # L00000005586

1. Entity Name

FIRE CLOUD ASSOCIATES, LLC

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
4521 SW 55 Avenue	4521 SW 55 Avenue		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE	

City & State		City & State		4. FEI Number	Applied For
Davie, FL. 33314		Davie, FL. 33314		65-1105184	Not Applicable

Zip	Country	Zip	Country	5. Certificate of Status Desired ☐	$5.00 Additional. Fee Required
33314	Broward	33314	Broward		

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MEE WONG

Street Address (P.O. Box Number is Not Acceptable)

4521 SW 55 AVENUE

City DAVIE, FL Zip Code 33314

8. 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 _[signature]_

Signature, typed or printed name of registered agent and title if applicable.

4-18-02

DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Managing Member	TITLE		
NAME	Mee Wong	NAME		
STREET ADDRESS	4521 SW 55 Avenue	STREET ADDRESS		
CITY-ST-ZIP	Davie, FL. 33314	CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE	
CITY-ST-ZIP		CITY-ST-ZIP	IN THIS SPACE	
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TITLE		TITLE		
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: _[signature]_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4-18-02   (954)585-8928

Daytime Phone #