

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L01000015983

Entity Name: CLOUD 9 CONSULTING, LLC

FILED  
Dec 07, 2009  
Secretary of State

## Current Principal Place of Business:

5165 NE 2ND COURT  
SUITE 4  
MIAMI, FL 33137

## New Principal Place of Business:

7251 NE 2ND AVE  
LOFT 113  
MIAMI, FL 33138

## Current Mailing Address:

5165 NE 2ND COURT  
SUITE 4  
MIAMI, FL 33137

## New Mailing Address:

7251 NE 2ND AVE  
LOFT 113  
MIAMI, FL 33138

FEI Number: 65-1137212      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

LIBERTORI, PABLO M  
5165 NE 2ND COURT  
SUITE 4  
MIAMI, FL 33137 US

## Name and Address of New Registered Agent:

LIBERATORI, PABLO M  
7251 NE 2ND AVE.  
LOFT 113  
MIAMI, FL 33138 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: PABLO LIBERATORI

12/07/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: LIBERATORI, PABLO M  
Address: 5165 NE 2ND COURT, SUITE 4  
City-St-Zip: MIAMI, FL 33137

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: LIBERATORI, PABLO M  
Address: 7251 NE 2ND AVE., LOFT 113  
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: PABLO LIBERATORI

MGR

12/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date