

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90046 009 ****50.00

DOCUMENT # L02000013430

1. Entity Name

CLOUD 9 INVESTMENTS, LLC



Principal Place of Business

**2436 N. FEDERAL HIGHWAY
344
LIGHTHOUSE POINT FL 33064
US**

Mailing Address

**2436 N. FEDERAL HIGHWAY
344
LIGHTHOUSE POINT FL 33064
US**

2. Principal Place of Business

2624 NE 26 St.
Suite, Apt. #, etc.

3. Mailing Address

2624 NE 26 St.
Suite, Apt. #, etc.

City & State

Lighthouse Point FL
Zip **33064** Country **USA**

City & State

Lighthouse Point FL
Zip **33064** Country **USA**

4. FEI Number

04-386 377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BEAN, KIMBERLY S
2436 N. FEDERAL HIGHWAY
#344
LIGHTHOUSE POINT FL 33064**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CLOUD 9 INVESTMENTS, INC.**
STREET ADDRESS **2436 N. FEDERAL HIGHWAY #344**
CITY-ST-ZIP **LIGHTHOUSE POINT FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

Kimberly S. Bean **REQUIRED**

Date

Daytime Phone #

3/15/03 **954-821-4098**

CR2E083 (10/02)