

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90108 020 \*\*\*\*50.00

**DOCUMENT # L03000000196**

1. Entity Name

CLOUD NINE FLORIDA, L.C.



Principal Place of Business

25418 E. MARION AVENUE  
002  
PUNTA GORDA, FL 33950

Mailing Address

25418 E. MARION AVENUE  
002  
PUNTA GORDA, FL 33950

40009637



02102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

13-4234288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MILLER, H. DAVIES  
25418 E. MARION AVENUE  
002  
PUNTA GORDA, FL 33950

**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MILLER, H. DAVIES JR  
25418 E. MARION AVENUE  
PUNTA GORDA, FL 33950

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
BENSON, SUSAN M  
82 FISCHER CIRCLE  
PORTSMOUTH, RI 02871

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
MILLER, ARTHUR A  
5 LANTERN HILL ROAD  
GUILFORD, CT 06413

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

02/17/06

Date

941 575 9800

Daytime Phone #