2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001456

1. Entity Name
M.B.I.S.D., LLC

FILED
04 AUG 23 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5028 SILVERTHORNE COURT OLDSMAR, FL 34677	5028 SILVERTHORNE COURT OLDSMAR, FL 34677

08222004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
2623 GREEN CROSSING DR.	3111-20 MAHAN DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc. # 2114
City & State TALLAHASSEE, FL	City & State TALLAHASSEE, FL
Zip 32309 Country UNITED STATES	Zip 32308 Country UNITED STATES

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUD CONSULTING, INC.
2709 BLAIR STONE LANE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name CLOUD CONSULTING, INC.
Street Address (P.O. Box Number is Not Acceptable)
3111-20 MAHAN DR., # 2114
City TALLAHASSEE FL Zip Code 32308

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 Robert WADE CLOUD Robert Wade Cloud 8-22-04
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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MANAGING MEMBER NAME Robert Wade Cloud STREET ADDRESS INNOVATIVE SYSTEMS DESIGN, LLC 3111-20 MAHAN DR., # 2114 CITY-ST-ZIP TALLAHASSEE, FL 32308	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP 400040970244 09/10/04--01067--004 **55.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Robert WADE CLOUD Robert Wade Cloud 8/22/04 850-878-9524
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #