

L14000106406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

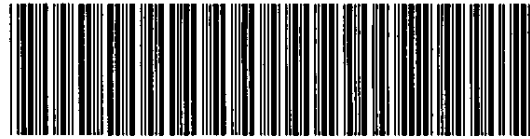
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/29/14--01006--008 **75.00

18 OCT 6 2014

COVER LETTER

TO: Registration Section
Division of Corporations

CLOUD ENTERTAINMENT LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Gonzalez

(Name of Person)

Gonzalez and Partners CPAs, LLC.

(Firm/Company)

2199 Ponce de Leon Blvd., Suite 200

(Address)

Coral Gables, FL 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Roberto Gonzalez

305

447-8886

at (_____) _____

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$25.00 Filing Fee and Certificate of Dissolution

— \$55.00 Filing Fee, Certificate of Dissolution &
Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF DISSOLUTION
FOR
A LIMITED LIABILITY COMPANY**

1. The name of a limited liability company is
CLOUD ENTERTAINMENT LLC

2. The Articles of Organization were filed on **07/03/2014** and assigned
document number **L14000106406**

3. The delayed effective date the dissolution if not effective on the date of filing: _____
(effective date cannot be prior to or more than 90 days later than date document is received for filing)

4. A description of occurrence that resulted in the limited liability company's dissolution pursuant to section
605.0707, Florida Statutes, (copy 605.0707 on back cover letter).

Limited liability company's business objectives in the U.S. have been met and

limited liability company is no longer required.

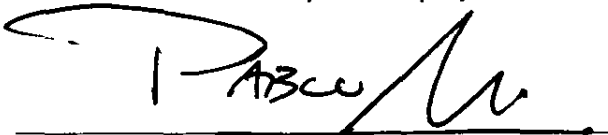
5. If there are no members, enter the name and address of the person appointed to wind up the company's
activities and affairs: **Roberto Gonzalez**

Gonzalez and Partners CPAs, LLC.

2199 Ponce de Leon Blvd., Suite 200

Coral Gables, FL 33134

6. Signature of an authorized person or if there are no members, the signature of the person appointed and
listed above to wind up the company's activities and affairs:


Signature

Pablo Medeiros Silva

Printed Name

FILING FEE: \$25.00