

L1410000106406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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R. WHITE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 SEP 29 PM 12:19

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLOUD ENTERTAINMENT LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L14000106406

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roberto Gonzalez

Name of Person

Gonzalez and Partners CPAs, LLC.

Name of Firm/Company

2199 Ponce de Leon Blvd., Suite 200

Address

Coral Gables, FL 33134

City/State and Zip Code

rgonzalez@rgcpa.net

E-mail address: (to be used for future annual report notification)

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 made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Pablo Medeiros Silva

, hereby resigns as

Name of Registered Agent

CLOUD ENTERTAINMENT LLC

Registered Agent for

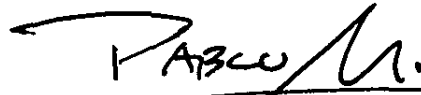
Name of Limited Liability Company

L14000106406

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

PABLO MEDEIROS SILVA

Typed or Printed Name

MANAGER

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

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TALLAHASSEE, FLORIDA

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Make checks payable to Florida Department of State and mail to:
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P.O. Box 6327
Tallahassee, FL 32314