File on or before May 1, 1999 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS	FILED 99 MAR 16 AM 9: 36 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILING FEE $ 188.75	Annual Report $100.00 + $88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company   **DOCUMENT #** L98000001036

CLOUD MANAGEMENT SERVICES, LLC
~~2 NORTH TAMIAMI TRAIL, SUITE 302~~
SARASOTA FL ~~34236~~

1a. Principal Place of Business Address

~~2 NORTH TAMIAMI TRAIL, SUITE~~
SARASOTA FL ~~34236~~

2 Principal Place of Business 3535 Jacinto Court	2a. Mailing Address P.O. Box 25427	3. Date Organized or Qualified 07/13/1998	3a. State of Formation FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0868449	☐ Applied For
City & State Sarasota FL	City & State Sarasota FL		☐ Not Applicable
Zip 34239 Country Sarasota	Zip 34277 Country Sarasota	5. Date of Last Report	6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
CLOUD, JOHN V III 3920 RED ROCK WAY SARASOTA FL 34231	Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt #, etc _____ City _____ Zip Code **FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE _____   DATE _____

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CLOUD, JOHN V III	~~2 NORTH TAMIAMI TRAIL, SUI~~ 3535 Jacinto Court	SARASOTA FL 34239

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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ John V. Cloud III 3-12-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

INHSE10 R (12-98)