2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001036

1. Entity Name

CLOUD MANAGEMENT SERVICES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JAN 21 PM 1:07

Principal Place of Business	Mailing Address
3535 JACINTO COURT SARASOTA FL 34239	P.O. BOX 25427 SARASOTA FL 34277-2427

00000700

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0868449 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CLOUD, JOHN V III
3920 RED ROCK WAY
SARASOTA FL 34231

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

01-21-2000 90126 042
$50.00

9. MANAGING MEMBERS/MEMBERS		☐ Delete	10. ADDITIONS/CHANGES		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLOUD, JOHN V III 3535 JACINTO COURT SARASOTA FL 34239	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E083 (9/99)

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: John V. Cloud REQ John V. Cloud 1-12-00 941-952-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #