


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90010 050 ****50.00

DOCUMENT # L98000001036	
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1. Entity Name
CLOUD MANAGEMENT SERVICES, LLC

Principal Place of Business

**3535 JACINTO COURT
SARASOTA, FL 34239**

Mailing Address

**P.O. BOX 25427
SARASOTA, FL 34277**

2. Principal Place of Business

1348 Fruitville Rd

3. Mailing Address

Suite, Apt. #, etc.

#304

City & State

Sarasota FL

City & State

Zip

34236

Country

USA

Zip

Country

03072006

Chg-LLC

CR2E083 (11/05)

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

7. Name and Address of New Registered Agent

**CLOUD, JOHN V III
733 FREELING DRIVE
SARASOTA, FL 34242**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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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☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

John V. Cloud

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/21/06

Date

941-952-1070

Daytime Phone #