

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

May 04, 2005 08:00 AM  
Secretary of State

DOCUMENT # L99000004257

1. Entity Name  
CLOUDVIEW, L.L.C.



Principal Place of Business  
3535 JACINTO COURT  
SARASOTA, FL 34239

Mailing Address  
3535 JACINTO COURT  
SARASOTA, FL 34239



04282005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
26-7047165

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  
3535 JACINTOCOURT  
SARASOTA, FL 34239

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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, 2005

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CLOUD, JOHN V III 3535 JACINTO COURT SARASOTA, FL 34239
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05/05/05-80081-001 50.00

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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: \_\_\_\_\_

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

Date

Daytime Phone #

*John V. Cloud* John V. Cloud, Pres. 4/28/05 944-952-1000