

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006981

Entity Name: CLOUD 9 AVIATION, LLC

FILED
Mar 27, 2009
Secretary of State

Current Principal Place of Business:

11610 AVIATION BLVD STE B1/B2
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

11610 AVIATION BLVD STE B1/B2
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAINTER, GEOFFREY
Address: 11610 AVIATION BLVD STE B1/B2
City-St-Zip: WEST PALM BEACH, FL 33412

Title: MGRM () Delete
Name: JUDE, DAVID
Address: 11610 AVIATION BLVD STE B1/B2
City-St-Zip: WEST PALM BEACH, FL 33412

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEOFF PAINTER

MR

03/27/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date