

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144949

Entity Name: CLOUD 9 LIMOS LLC

Current Principal Place of Business:

315 FOREST AVE
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

P.O. BOX 160131
ALTAMONTE SPRINGS, FL 32716 US

FEI Number: 46-3876445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALCK, SHAWN
315 FOREST AVE
ALTAMONTE SPRINGS, FL 32701 US

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

Authorized Person(s) Detail :

Title MGRM
Name WALCK, SHAWN
Address 315 FOREST AVE
City-State-Zip: ATAMONTE SPRINGS FL 32701

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHAWN WALCK

OWNER

04/27/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date