

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000046280

**Entity Name:** CLOUDSECRETARY.COM LLC

**Current Principal Place of Business:**

PA 4000 PONCE DE LEON BLVD.  
C/O MITCH HELFER SUITE 400  
CORAL GABLES, FL 33134

**Current Mailing Address:**

PA 4000 PONCE DE LEON BLVD.  
C/O MITCH HELFER SUITE 400  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-5172152

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

RENGEL, ALEXANDRA ESQ.  
201 S. BISCAYNE BOULEVARD  
28 TH FLOOR  
MIAMI, FL 33131 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 BASTIDA GARCIA, DAVID  
Address PA 4000 PONCE DE LEON BLVD.  
SUTE 400  
City-State-Zip: CORAL GABLES FL 33134

Title MGRM  
Name HUETE FRANCO, CARMEN  
Address PA 4000 PONCE DE LEON BLVD.  
C/O MITCH HELFER SUITE 400  
City-State-Zip: CORAL GABLES FL 33134

*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:** BASTIDA GARCIA DAVID

**DIRECTOR**

**02/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date