

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000101794

Entity Name: CLOUD NINE THERAPEUTIC SERVICES LLC

Current Principal Place of Business:

7520 NW 5TH STREET SUITE 206
PLANTATION, FL 33317

Current Mailing Address:

7520 NW 5TH STREET SUITE 206
PLANTATION, FL 33317 US

FEI Number: 47-1218502

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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 AMBR
Name JEFFERSON, JESSICA
Address 7520 NW 5TH STREET SUITE 206
City-State-Zip: PLANTATION FL 33317

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: JESSICA JEFFERSON

OWNER

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date