

**2018 FLORIDA LIMITED PARTNERSHIP REINSTATEMENT**

DOCUMENT# A16000000674

**Entity Name:** CLOUD ADVISORS LLLP

**Current Principal Place of Business:**

6530 W ROGERS CIRCLE  
SUITE 33  
BOCA RATON, FL 33487

**Current Mailing Address:**

6530 W ROGERS CIRCLE  
SUITE 33  
BOCA RATON, FL 33487 US

**FEI Number:** 81-4570747

**Certificate of Status Desired:** Yes

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

MANFRE, LINDA  
6530 W ROGERS CIRCLE  
SUITE 33  
BOCA RATON, FL 33487 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:** LINDA MANFRE

03/15/2018

Electronic Signature of Registered Agent

Date

**General Partner Detail :**

Document #  
Name WEISS, DAVID  
Address 11898 FOXBRIAR LAKE TRAIL  
City-State-Zip: BOYNTON BEACH FL 33473

Document # L01000006634  
Name ALPINE FINANCIAL RESOURCES LLC  
Address 6530 W ROGERS CIRCLE SUITE 33  
City-State-Zip: BOCA RATON FL 33487

Document #  
Name TREACY, DECLAN  
Address 825 NE BAY COVE STREET  
City-State-Zip: BOCA RATON FL 33487

Document #  
Name FESSLER, ROBERT G  
Address 880 SOUTH OCEAN BLVD  
City-State-Zip: MANALAPAN FL 33462

Document # L11000063185  
Name AGES U.S.A. LLC  
Address 6 FLINT WAY  
City-State-Zip: BOYNTON BEACH FL 33426

Document #  
Name CLOUD HOLDING LLC  
Address 6530 W ROGERS CIRCLE  
SUITE 33  
City-State-Zip: BOCA RATON FL 33487

*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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT G FESSLER

**PARTNER**

03/15/2018

Electronic Signature of Signing General Partner Detail

Date