

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108066

FILED
Jul 07, 2008
Secretary of State

Entity Name: UJUSTCLICK LLC

Current Principal Place of Business:

6501 BRIGHT RD
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

301 SW 32ND TERRACE
CAPE CORAL, FL 33914 US

Current Mailing Address:

6501 BRIGHT RD
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

301 SW 32ND TERRACE
CAPE CORAL, FL 33914 US

FEI Number: 61-1527840 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOLLOWAY, JAY B
6501 BRIGHT RD
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

PUCCI, JAY A
301 SW 32ND TERRACE
CAPE CORAL, FL 33914 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: JAY A. PUCCI

07/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PUCCI, JAY A
Address: 301 SW 32ND TERRACE
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM (X) Delete
Name: HOLLOWAY, JAY B
Address: 6501 BRIGHT RD
City-St-Zip: NORTH FORT MYERS, FL 33917 US

ADDITIONS/CHANGES:

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

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

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: JAY A. PUCCI

MGRM

07/07/2008

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