2001	UNI	FORM BUSI	NE	SS REPO	RT	(UBF	3)_			en e					مدينوناناه
DOCUMENT # L0000001580 1. Entity Name FILED AUG 24 PM 12: 17															
CLIQUE	MARKE	TING, L.L.C.							•						
							SEQ TAL	iretan Lahas	RY OF STATE	TE IDA					
Principal Place			Mailing Address						•	10	•				
6187 N.W. 24T BOCA RATON		i		6187 N.W. 24TH TERRACE BOCA RATON FL 33496											
														# 	
2. Principal Pla	ace of Busin	ress	3. Mailing Address					i				Bara r Ha a r a hi			
Suite, Apt. #	ŧ, etc.		Su	Suite, Apt. #, etc.				 [. DO	NOT WRITE	IN THIS	SPACE	/		
City & State	ı		Cit	ity & State				4. FEIN	Number			-	Applied I		}
Zip		Country	Zip	p	Cour	ntry		5Certi	ificate of Status	Desired		\$5.00 Ad			
	6. Name	e and Address of Current R	legiste	red Agent		Name		7. Nam	e and Address	of New Reg					
LAF	RKIN, JON	ATHAN					ddroee //	C Box I	Number is Not 4	^ acceptable)					
618	37 N.W. 24	ITH TERRACE N FL 33496			SHEELMI	Street Address (P.O. Box Number is Not Acceptable)								-	
DUC	JA HATON	1 FL 33450				City		7:0 Code					. • • •	11 1	
						⊥ ′					FL	Zip Cod	de .	<u> </u>	
8. The above r	named entit	ty submits this statement for	the pur	rpose of changing its	register	red office or	registere	ed agent,	or both, in the S	State of Florid	ia.				
SIGNATURE _	Signature, types	d or printed name of registered agent ar	and title if a	Roplicable. (NOT	E: Register	red Agent signatu	re required	when reinstat	lina)		DATE		.	_	
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			•	to Departr		State						İ			
9.		MANAGING MEMBER	RS/MA		y Septe				AC AC	DDITIONS/CH	HANGES			-	
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indicated of limited liab	on this repo- polity compa	ne information supplied with to ort is true and accurate and to only or the receiver or trustee	hat my empow	g does not quality for signature shall have vered to execute this	the exe the sam report a	e legal effects required t	ed in Sec at as if m by Chapte	ade unde er 608, Fk	07(3)(I), Florida er oath; that I an orida Statutes.	n Statuțes, i ru n a managinț	dueupe dueupe	tify that the i	er of the	ion 3	
SICNATI	upe.	SIGNAT!	PIL	é beou			_	.,		Ā	171	.99-8	979)	
SIGNATI		AND TYPED OR PRINTED NAME OF	SIGNING	MANAGING MEMBER, MA	NAGER, O	R AUTHORIZED	REPRESE	TATIVE	Date			Daytime Phone #	, , ,	<u>'</u>	

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