2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000031485

1. Entity Name CLICK FARMS LLC



FILED Apr 14, 2008 08:00 A Secretary of State

Principal Place of Business

810 SATURN STREET, SUITE 15 JUPITER, FL 33477

Mailing Address

810 SATURN STREET, SUITE 15 JUPITER, FL 33477



04102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
NOT APPLICABLE		Not Applicable
5. Certificate of Status Desired		Additional

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6. Name and Address of Current Registered Agent

CLICK, DAVID F 810 SATURN STREET, SUITE 15 JUPITER, FL 33477

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			•
	e named entity submits this statement for the purpose of cha tions of registered agent.	anging its registered office or registered agent, or boll	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75		U00000894546 04/24/08-80032-018 138.75
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		·
NAME	CLICK, DAVID F		
STREET ADDRESS	810 SATURN ST STE 75		
	1		

NAME STREET ADDRESS CITY-ST-ZIP	CLICK, DAVID F 810 SATURN ST STE 75 JUPITER, FL 33477	
THILE NAME STREET ADDRESS CITY+ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions of		

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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes I further certify that the information indicated on this report is true and accurate and that my 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.

SIG	NAT	URE:
JIQ		UIL.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-11-08

Daytime Phone #