

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-05-2006 90019 034 ****50.00

DOCUMENT # L05000086350

1. Entity Name
CLICKINKS.COM, LLC



Principal Place of Business
**115 TIMBERLACHEN CIRCLE
2015
LAKE MARY, FL 32746 US**

Mailing Address
**115 TIMBERLACHEN CIRCLE
2015
LAKE MARY, FL 32746 US**

30005356



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04012008 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-3405974

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEWART, MARTA
115 TIMBERLACHEN
2015
LAKE MARY, FL 32746**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STEWART, MARTA
115 TIMBERLACHEN CIRCLE
LAKE MARY, FL 32746** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
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CITY - ST - ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 206, Florida Statutes.

SIGNATURE: *[Signature]*

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

Date

Daytime Phone #

ATTACHMENT



30005356

M. Stewart and Company
Accountants & Consultants

April 12, 2006

Florida Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

RE: **CLICKINKS.COM, LLC**
L05000086350

I am returning the 2006 Limited Liability Company Annual Report for the above referenced company with the assigned FEI number.

This should complete your request, and if you should require further information, please contact me at the address on this letterhead. Thank you.

Very truly yours,

A handwritten signature in dark ink, appearing to read 'Marta C. Stewart', written over a horizontal line.

Marta C. Stewart EA
M. STEWART AND COMPANY

MCS/nlk