

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000400469

**Entity Name:** MATRIXCLIK LLC

**Current Principal Place of Business:**

18911 COLLINS AVE  
APT 901  
SUNNY ISLES, FL 33160

**Current Mailing Address:**

18911 COLLINS AVE  
APT 901  
SUNNY ISLES, FL 33160 US

**FEI Number:** 93-3102391

**Certificate of Status Desired:** No

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

TIDHAR, GILBOA  
18911 COLLINS AVE  
APT 2705  
SUNNY ISLES, FL 33160 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            TIDHAR, GILBOA  
Address        18911 COLLINS AVE  
City-State-Zip: SUNNY ISLES FL 33160

*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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GILBOA TIDHAR

**MEMBER**

**03/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date