

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099192

FILED
Mar 23, 2009
Secretary of State

Entity Name: CLOSE KNIT INVESTORS, LLC

Current Principal Place of Business:

3383 NW 193RD STREET
MIAMI, FL 33056

New Principal Place of Business:

Current Mailing Address:

3383 NW 193RD STREET
MIAMI, FL 33056

New Mailing Address:

FEI Number: 33-1150905

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KNIGHT, LASHAWN L
3383 NW 193RD STREET
MIAMI, FL 33056 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KNIGHT, LEROY JR.
Address: 3383 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

Title: MGRM () Delete
Name: KNIGHT, LASHAWN
Address: 3383 NW 193RD STREET
City-St-Zip: MIAMI, FL 33056

Title: MGRM () Delete
Name: DAVIS, JOHN
Address: 18722 NW 10TH COURT
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: DAVIS, SOPHIA
Address: 18722 NW 10TH COURT
City-St-Zip: MIAMI, FL 33169

Title: MGRM () Delete
Name: KEARSON, RAWN
Address: 9761 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: KEARSON, MAE BELL
Address: 9761 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33025

ADDITIONS/CHANGES:

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

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

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

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

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

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

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: LASHAWN KNIGHT

PRES

03/23/2009

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