

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004927

Entity Name: 11 DAY CLOSE, LLC

FILED
Apr 01, 2008
Secretary of State

Current Principal Place of Business:

1029 PEACHTREE PKWY, NORTH #162
PEACHTREE CITY, GA 30269

New Principal Place of Business:

659 AUBURN AVE.
212
ATLANTA, GA 30312

Current Mailing Address:

1029 PEACHTREE PKWY, NORTH #162
PEACHTREE CITY, GA 30269

New Mailing Address:

659 AUBURN AVE.
212
ATLANTA, GA 30312

FEI Number: 20-4593071

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVIES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: MGR () Delete
Name: KNAPP, BRUCE
Address: 1029 PEACHTREE PKWY, NORTH #162
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR () Delete
Name: KNAPP, SUSAN
Address: 1029 PEACHTREE PKWY, NORTH #162
City-St-Zip: PEACHTREE CITY, GA 30269

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KNAPP, BRUCE
Address: 210 GLENEAGLES POINT
City-St-Zip: PEACHTREE CITY, GA 30269

Title: MGR (X) Change () Addition
Name: KNAPP, SUSAN
Address: 210 GLENEAGLES POINT
City-St-Zip: PEACHTREE CITY, GA 30269

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: SUSAN KNAPP

MGR

04/01/2008

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