

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000068885

Entity Name: CLOSE PROPERTIES, LLC**Current Principal Place of Business:**301 NW 4TH AVE
OKEECHOBEE, FL 34972**Current Mailing Address:**301 NW 4TH AVE
OKEECHOBEE, FL 34972**FEI Number:** 45-2708750**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOSE HOLDINGS, LLC
301 NW 4TH AVE
OKEECHOBEE, FL 34972 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	MGR
Name	CLOSE HOLDINGS, LLC
Address	301 NW 4TH AVE
City-State-Zip:	OKEECHOBEE FL 34972

Title	PRESIDENT
Name	CLOSE, THOMAS C
Address	301 NW 4TH AVE
City-State-Zip:	OKEECHOBEE FL 34972

Title	VP
Name	BOROMEI, DANNY
Address	301 NW 4TH AVE
City-State-Zip:	OKEECHOBEE FL 34972

Title	SECRETARY
Name	STONE, MELISSA
Address	301 NW 4TH AVE
City-State-Zip:	OKEECHOBEE FL 34972

Title	TREASURER
Name	WELLS, SHERYL
Address	301 NW 4TH AVE
City-State-Zip:	OKEECHOBEE FL 34972

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: SHERYL L WELLS**TREASURER****04/15/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date