

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057883

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** THE CLOSING NETWORK LLC

**Current Principal Place of Business:**

8019 BELLAGIO LANE  
BOYNTON BEACH, FL 33472 US

**New Principal Place of Business:**

7871 SPRINGVALE DR.  
LAKE WORTH, FL 33467 US

**Current Mailing Address:**

8019 BELLAGIO LANE  
BOYNTON BEACH, FL 33472 US

**New Mailing Address:**

7871 SPRINGVALE DR.  
LAKE WORTH, FL 33467 US

**FEI Number:** 20-3059624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRACIC, SILVINA  
8019 BELLAGIO LANE  
BOYNTON BEACH, FL 33472 US

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

BRACIC, SILVINA  
7871 SPRINGVALE DR.  
LAKE WORTH, FL 33467 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:

03/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BRACIC, SILVINA  
Address: 8019 BELLAGIO LANE  
City-St-Zip: BOYNTON BEACH, FL 33472 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: BRACIC, SILVINA  
Address: 7871 SPRINGVALE DR.  
City-St-Zip: LAKE WORTH, FL 33467 US

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: SILVINA BRACIC

MGRM

03/19/2009

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