

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90026 032 ****50.00

DOCUMENT # L06000058114

1. Entity Name

CLOSE AND MCDANIEL, LLC



Principal Place of Business

4899 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303

Mailing Address

4899 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303

2. Principal Place of Business - No P.O. Box #

SAME

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5380862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCDANIEL, CAROLE C
4899 CAPITAL CIRCLE, N.W.
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR
NAME: MCDANIEL, CAROLE C
STREET ADDRESS: 4899 CAPITAL CIRCLE
CITY- ST- ZIP: TALLAHASSEE FL 32303

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10. ADDITIONS/CHANGES

TITLE: MGR
NAME: MCDANIEL, CAROLE C
STREET ADDRESS: 4899 CAPITAL CIRCLE NW
CITY- ST- ZIP: TALLAHASSEE FL 32303

☒ Change

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/12/07 850 893-3470