

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90304 038 ***150.00

DOCUMENT # L06000070650

1. Entity Name

CLOSERSEEDGE, LLC



Principal Place of Business

8280 WEST PRINCETON SQUARE BLVD.
SUITE 8
JACKSONVILLE FL 32256

Mailing Address

8280 WEST PRINCETON SQUARE BLVD.
SUITE 8
JACKSONVILLE FL 32256

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-5472225

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)



6. Name and Address of Current Registered Agent

INTREPID REGISTERED AGENT SERVICES, LLC
ONE INDEPENDENT DRIVE
SUITE 1200
JACKSONVILLE FL 32202

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 title 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 | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------|----------------|-----------------|---------------------------------|
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |
| | | | | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|-----------------------|---------------------------------|------------------------|---------------------------------|--|
| | McLendon, Christopher | 8280 Princeton Sq. Blvd W Ste 8 | Jacksonville, FL 32256 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | Marks, Michele | Same as above | | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

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

Feb 2, 2007

Date

904.674.0824

Daytime Phone #