

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022534

FILED
Apr 30, 2009
Secretary of State

Entity Name: QUICK CLOSE REALTY GROUP, LLC

Current Principal Place of Business:

374 S. ATLANTIC AVE.
SUITE A3
ORMOND BEACH, FL 32176

New Principal Place of Business:

Current Mailing Address:

374 S. ATLANTIC AVE.
SUITE A3
ORMOND BEACH, FL 32176

New Mailing Address:

FEI Number: 26-2095618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALL BUSINESS RESOURCES USA, INC.
1601 PARK CENTER DR.
SUITE 6A
ORLANDO, FL 32835 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: MGRM () Delete
Name: CRAWFORD, DEBRA P
Address: 374 S. ATLANTIC AVE., SUITE A3
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: PUGLISI, RICHARD C
Address: 374 S. ATLANTIC AVE., SUITE A3
City-St-Zip: ORMOND BEACH, FL 32176

Title: MGRM () Delete
Name: MCELVEEN, DONALD F
Address: 374 S. ATLANTIC AVE., SUITE A3
City-St-Zip: ORMOND BEACH, FL 32176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DEBRA P. CRAWFORD

MGR

04/30/2009

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