

**LD8000022534**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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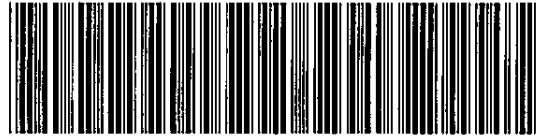
Special Instructions to Filing Officer:

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**AUG 21 2009**

**EXAMINER**

Office Use Only



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**09 AUG 19 PM 3:08**  
**SECRETARY OF STATE**  
**TALLAHASSEE FLORIDA**

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Quick Close Realty Group, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Debra A. Crawford

Name of Person

Quick Close Realty Group, LLC

Firm/Company

5768 Falling Tree Lane

Address

Port Orange FL 32127

City/State and Zip Code

dcrawford@clearwire.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debra A. Crawford

Name of Person

at ( 386 )

316-7024

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. Name of the limited liability company: Quick Close Realty Group, LLC

2. (a) Principal office address of limited liability company: 374 S. Atlantic Ave.

☒ (Note: **MUST BE STREET ADDRESS**)

Suite A3  
Ormond Beach FL 32174

(b) Mailing address of limited liability company: 5768 Falling Tree Lane

☒ (Note: **MAY BE POST OFFICE BOX**)

Port Orange FL 32127

03/04/08

3. Date of filing/registration in Florida

L08000022534

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: Small Business Resources USA, Inc.

Registered Office Address: 1601 Park Center Dr., Suite 6A  
Orlando FL 32835

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent: Debra A. Crawford

**NEW** Registered Office Address: 5768 Falling Tree Lane  
**(MUST BE FLORIDA STREET ADDRESS)** Port Orange, FL 32127

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Debra A. Crawford  
Signature of a member or authorized representative of a member

Debra A. Crawford

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Debra A. Crawford  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

FILED  
AUG 19 PM 3:08  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE