2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# M07000004918

Entity Name: LENDERS EDGE SETTLEMENT SERVICES, LLC

Current Principal Place of Business:

1210 NORTHBROOK DRIVE - STE 320
TREVOSE, PA 19053

New Principal Place of Business:

Current Mailing Address:

1210 NORTHBROOK DRIVE - STE 320
TREVOSE, PA 19053

New Mailing Address:

FEI Number: 20-1819710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLANTON, EDWIN F
810 THOMASVILLE ROAD
TALLAHASSEE, FL 32303 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:	MORRONE, CHARLES W	
Address:	1210 NORTHBROOK DRIVE - STE 320	
City-St-Zip:	TREVOSE, PA 19053	
Title:	MGRM	( ) Delete
Name:	SALVUCCI, ANDREW C	
Address:	1210 NORTHBROOK DRIVE - STE 320	
City-St-Zip:	TREVOSE, PA 19053	
Title:	MGRM	( ) Delete
Name:	DRECHSEL, ALFRED J	
Address:	1210 NORTHBROOK DRIVE - STE 320	
City-St-Zip:	TREVOSE, PA 19053	

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: CHARLES MORRONE MNGR 02/09/2009

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