

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000010175

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** ASTRID P HARTLEB & ASSOC LLC

**Current Principal Place of Business:**

4635 CORONADO PKWY  
6  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

4635 CORONADO PKWY  
8  
CAPE CORAL, FL 33904

**Current Mailing Address:**

PO BOX 100689  
CAPE CORAL, FL 33910

**New Mailing Address:**

**FEI Number:** 20-0693052

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARTLEB, ASTRID P  
5611 GOETZ DRIVE  
FORT MYERS, FL 33919 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: HARTLEB, ASTRID P  
Address: 5611 GOETZ DR  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

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: ASTRID P HARTLEB

MGRM

04/30/2007

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