

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064448

FILED  
Apr 08, 2008  
Secretary of State

Entity Name: SUCCESS VENTURES, LLC.

**Current Principal Place of Business:**

1410 FRUIT COVE ROAD NORTH  
FRUIT COVE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

1410 FRUIT COVE ROAD NORTH  
FRUIT COVE, FL 32259 US

**New Mailing Address:**

FEI Number: 26-0391943

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAMOUREUX, JAMES  
1410 FRUIT COVE ROAD NORTH  
FRUIT COVE, FL 32259 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: LAMOUREUX, JAMES  
Address: 1410 FRUIT COVE ROAD NORTH  
City-St-Zip: FRUIT COVE, FL 32259 US

Title: MGRM ( ) Delete  
Name: LAMOUREUX, LYNN  
Address: 1410 FRUIT COVE ROAD NORTH  
City-St-Zip: FRUIT COVE, FL 32259 US

**ADDITIONS/CHANGES:**

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: LYNN LAMOUREUX

MGRM

04/08/2008

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