

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090940

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** EMORTGAGE SUCCESS, LLC

**Current Principal Place of Business:**

4635 CORONADO PARKWAY  
7 & 8  
CAPE CORAL, FL 33904 US

**Current Mailing Address:**

PO BOX 600784  
CAPE CORAL, FL 33910 US

**New Principal Place of Business:**

4632 VINCENNES BLVD  
SUITE 201A  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

PO BOX 100689  
CAPE CORAL, FL 33910 US

**FEI Number:** 26-0608379

**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: MGR ( ) Delete  
Name: HARTLEB, ASTRID P  
Address: 5611 GOETZ DRIVE  
City-St-Zip: FORT MYERS, FL 33919 US

**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

MGR

04/30/2008

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