2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 07, 2005
Secretary of State

DOCUMENT# L04000054221

Entity Name: FLORIDA HOUSE SAVERS, LLC

Current Principal Place of Business:

5200 SANCERRE CIRCLE
LAKEWORTH, FL 33463

New Principal Place of Business:

4243 NW 107 AVENUE
122
DORAL, FL 33178

Current Mailing Address:

5200 SANCERRE CIRCLE
LAKEWORTH, FL 33463

New Mailing Address:

4243 NW 107 AVENUE
122
DORAL, FL 33178

FEI Number: 20-1409850 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SALAS, ADA LUZ
5200 SANCERRE CIRCLE
LAKEWORTH, FL 33463 US

Name and Address of New Registered Agent:

SALAS, ADA LUZ
540 NW 129 WAY
PEMBROKE PINES
LAKEWORTH, FL 33178 US

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: ADA LUZ SALAS 09/07/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALAS, ADA LUZ
Address: 5200 SANCERRE CIRCLE
City-St-Zip: LAKEWORTH, FL 33463

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALAS, ADA LUZ
Address: 540 NW 129 WAY
City-St-Zip: PEMBROKE PINES, FL 33178

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ADA LUZ SALAS MGRM 09/07/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date