

L05000022351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500112776005

12/04/07--01016--001 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 4:33

J. BRYAN

JAN - 3 2008

EXAMINER

J. BRYAN DEC - 3 2007

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HOME SAVERS LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIO E. TORRES, ESQ  
(Name of Person)

TORRES/BENET P.A.  
(Firm/Company)

P.O. BOX 340119  
(Address)

TAMPA, FL 33694  
(City/State and Zip Code)

For further information concerning this matter, please call:

MARIO E. TORRES at ( 813 ) 413-7849 813.391.9813  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 4:33



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 5, 2007

MARIO E. TORRES, ESQ.  
TORRES/BENET P.A.  
P.O. BOX 340119  
TAMPA, FL 33694

RECEIVED  
12-10-07

SUBJECT: HOME SAVERS LLC  
Ref. Number: L05000022351

We have received your document for HOME SAVERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 407A00068647

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 31 PM 4:33

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR  
BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: HOME SAVERS LLC
2. The mailing address of the limited liability company is : 3433 LITHIA PINECREST RD., NO. 355, VALRICO, FL 33594

MARCH 7, 2005

L05000022351

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Cash Now of PC, Inc.

Name

7910 Pierce Harwell Rd.

Address

Plant City, FL 33565

City, State and Zip

6. The name and address of the new registered agent and/or office:

Mario E. Torres, ESQ

Name

8042 Moecasin Tr. Drive

Florida street address (P.O. Box NOT acceptable)

Riverview, Florida 33569

City, State and Zip

16622 Ashton Green Dr.

FL Lutz, FL 33558

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

(Printed or typed name of signer)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

(Signature of Registered Agent)

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**