**FILED** :00 A] State

ANNUAL REPORT  DOCUMENT # L05000069056				Apr 17, 2007 08 Secretary of S		
					Sec	retary of S
1. Entity Name TIME SAVER OF POLK COUNTY LLC						
Principal Place of Business Mailing Address  1680 DUNDEE ROAD WINTER HAVEN, FL 33880 WINTER HAVEN, FL 33880			·			
. DO NOT WRITE IN THIS SPA			CF	03262007 No Chg-LLC		E083 (11/05)
	O NOT WILL		OL .	4. FEI Number 20-2999728  5. Certificate of Status Desi	ired 🗀	Applied For Not Applicable \$5.00 Additional Fee Required
	6. Name and Address of Curre	nt Registered Agent				
SINGH, KULWINDERPAL 1680 DUNDEE ROAD WINTER HAVEN, FL 33880			DO NOT WRITE IN THIS SPACE			
	named entity submits this statement lions of registered agent.  Kulundur  Signature, typed or printed name of registered ag	for the purpose of changing its register  Simpl  Int and upo II applicable (NOTE: Register)	ed office or register		of Florida. I ar	
Fi	iling Fee is \$50.00 ue by May 1, 2007					
9.	MANAGING MEM	BERS/MANAGERS			<del>00007128</del>	
TITLE	MGRM SINGH, KULWINDERPAL		1	04/26	/U/-800t	S-003 5.00
NAME STREET ADDRESS CHTY-ST-ZIP	1680 DUNDEE ROAD WINTER HAVEN, FL 33880		_	UQ 04/26	1000007128 1207-8006	366 35-004 50.00
NAME STREET ADDRESS CITY-ST-ZIP						
TITLE			1	and a little of	ું કહેલું પૂ	سياق درين
NAME STREET ADDRESS			ľ	DO NOT		
CITY-ST-ZIP			4			
TITLE NAME				IN THIS	SPAC	E
STREET ADDRESS CITY-ST-ZIP			1			
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Kulwinder Pal Sings

BIGHATURE AND TYPED OR PRINTED NAME OF BIGHING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4-1507

Daytime Phone #