


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90354 021 ****55.00

DOCUMENT # L05000113829	
1. Entity Name SAVE SYSTEM PC, LLC	

Principal Place of Business 6845 SW 21 STREET MIRAMAR, FL 33023-2711	Mailing Address 6845 SW 21 STREET MIRAMAR, FL 33023-2711
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2. Principal Place of Business - No P.O. Box # 7262 SW 138 PL Suite, Apt. #, etc.	3. Mailing Address 7262 SW 138 PL Suite, Apt. #, etc.
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City & State Miami, FL	City & State Miami, FL
Zip 33183	Country USA
Zip 33183	Country USA

04182007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3858227	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PORTELLES, NORGE P 6845 SW 21 STREET MIRAMAR, FL 33023-2711	7. Name and Address of New Registered Agent Name PORTELLES, NORGE P. Street Address (P.O. Box Number is Not Acceptable) 7262 SW 138 PL City Miami FL Zip Code 33183
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8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  DATE **04-16-07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTELLES, NORGE P 6845 SW 21 STREET MIRAMAR, FL 330232711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. PORTELLES, NORGE P. 7262 SW 138 PL MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PORTELLES, ANA M 6845 SW 21 ST MIRAMAR, FL 330232711 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM. PORTELLES, ANA M 7262 SW 138 PL MIAMI, FL 33183 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04-16-07** 786 239 2615

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #