## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000034225

Entity Name: HOME SAVERS ALLIANCE, LLC

**FILED** May 01, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1865 N. ECONLOCKHATCHEE TR. 1743 PARK CENTER DR ORLANDO, FL 32817

SUITE 350

ORLANDO, FL 32835

**Current Mailing Address: New Mailing Address:** 

1865 N. ECONLOCKHATCHEE TR. 1743 PARK CENTER DR ORLANDO, FL 32817 SUITE 350 ORLANDO, FL 32835

FEI Number: 20-4662667 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: Name and Address of New Registered Agent:

UNION II MORTGAGE, INC 1865 N. ECONOLOCKHATCHEE TR ORLANDO, FL 32817 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: (X) Change ( ) Addition () Delete

SEVILLA, AIDA SAN MIGUEL, DENISE Name: Name:

Address: 13319 TANJA KING BLVD. Address: 1743 PARK CENTER DR SUITE 350

City-St-Zip: ORLANDO, FL 32828 City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Delete Title: () Change () Addition

BERNARDO, SANDRA J Name: Name: Address: 10072 MARSH PINE CIR. Address: City-St-Zip: ORLANDO, FL 32832 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: DSM 05/01/2009