

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2007 8:00 am**  
**Secretary of State**

07-11-2007 90012 008 \*\*\*\*55.00



**DOCUMENT # L06000035435**  
1. Entity Name  
**SAVE-N-ENERGY.COM, LLC**

|  |  |
|--|--|
| Principal Place of Business<br><b>15475 93RD STREET NORTH<br/>WEST PALM BEACH, FL 33412 US</b> | Mailing Address<br><b>15475 93RD STREET NORTH<br/>WEST PALM BEACH, FL 33412 US</b> |
|--|--|

60092242



|  |                     |             |
|--|---------------------|-------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address  |             |
| Suite, Apt. #, etc.                            | Suite, Apt. #, etc. |             |
| City & State                                   | City & State        |             |
| Zip  | Country             | Zip Country |

07092007 Chg-LLC CR2E083 (12/06)

**6. Name and Address of Current Registered Agent**

**SAUERBERG, ERIC M  
200 VILLAGE SQUARE CROSSING  
SUITE 102  
PALM BEACH GARDENS, FL 33410**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_  
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 September 14, 2007**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS |                                     |
|------------------------------|-------------------------------------|
| TITLE                        | MGR <input type="checkbox"/> Delete |
| NAME                         | SUMMERSILL, JEFFREY                 |
| STREET ADDRESS               | 15475 93RD STREET NORTH             |
| CITY-ST-ZIP                  | WEST PALM BEACH, FL 33412           |
| TITLE                        | MGR <input type="checkbox"/> Delete |
| NAME                         | SUMMERSILL, MELISSA                 |
| STREET ADDRESS               | 15475 93RD STREET NORTH             |
| CITY-ST-ZIP                  | WEST PALM BEACH, FL 33412           |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |
| TITLE                        | <input type="checkbox"/> Delete     |
| NAME                         |                                     |
| STREET ADDRESS               |                                     |
| CITY-ST-ZIP                  |                                     |

| 10. ADDITIONS/CHANGES |   |
|-----------------------|---|
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                  |   |
| STREET ADDRESS        |   |
| CITY-ST-ZIP           |   |
| TITLE                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:** *Melissa Summersill*

7-9-07 (561) 7534930