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Secretary of State

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04262007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000075211

1. Entity Name
TIME SAVERS LLC

Principal Place of Business	Mailing Address
7874 N. VENUS TERR CITRUS SPRINGS, FL 34434 US	7874 N. VENUS TERR CITRUS SPRINGS, FL 34434 US

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
962 N HAMBLETONIAN DRIVE		962 N HAMBLETONIAN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: INVERNESS, FL		City & State: INVERNESS, FL	
Zip: 34453	Country: U.S.	Zip: 34453	Country: U.S.

4. FEI Number 20-0947533 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BURGARD, BRANDY B 7874 N. VENUS TERR. CITRUS SPRINGS, FL 34434	Name: BURGARD, BRANDY B Street Address (P.O. Box Number is Not Acceptable): 962 N HAMBLETONIAN DRIVE City: INVERNESS FL Zip Code: 34453

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 May 1, 2007		Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGARD, BRANDY 7874 N. VENUS TERR CITRUS SPRINGS, FL 34434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURGARD, BRANDY 962 N HAMBLETONIAN DRIVE INVERNESS, FL 34453	XX Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________ 4-30-07

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