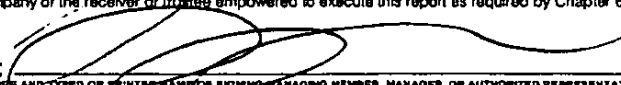


FILED
May 25, 2007 8:00 am
Secretary of State

05-02-2007 90341 006 ***150.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000075211			
1. Entity Name TIME SAVERS LLC			
Principal Place of Business 7874 N. VENUS TERR CITRUS SPRINGS, FL 34434 US		Mailing Address 7874 N. VENUS TERR CITRUS SPRINGS, FL 34434 US	
2. Principal Place of Business No P.O. Box # 962 N HAMBLETONIAN DRIVE		3. Mailing Address 962 N HAMBLETONIAN DRIVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State INVERNESS, FL		City & State INVERNESS, FL	
Zip 34453		Zip 34453	
Country U.S.		Country U.S.	
4. FEI Number 20-8977533		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURGARD, BRANDY B 7874 N. VENUS TERR. CITRUS SPRINGS, FL 34434		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when renaming) DATE _____			
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 ☒ Change ☐ Addition
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
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
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: 		Date: 4-30-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	