

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000076

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: GREAT SAVINGS OF PINELLAS, LLC

**Current Principal Place of Business:**

105 TIMBERVIEW DR  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

**Current Mailing Address:**

105 TIMBERVIEW DR  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

FEI Number: 20-8131115

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TAGLIAFERRO, MICHAEL T  
2692 ENTERPRISE RD, #1304  
CLEARWATER, FL 33759 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MADDEX, DOUGLAS  
Address: 105 TIMBERVIEW DR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: MGRM ( ) Delete  
Name: TAGLIAFERRO, MICHAEL T  
Address: 2692 ENTERPRISE RD E #1304  
City-St-Zip: CLEARWATER, FL 33759

Title: MGRM ( ) Delete  
Name: MADDEX, BRETT D  
Address: 1029 GLENWOOD DR  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MICHAEL T TAGLIAFERRO

MGRM

04/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date