

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019234

FILED
Feb 11, 2008
Secretary of State

Entity Name: HOME SAVERS ASSISTANCE GROUP LLC

Current Principal Place of Business:

10628 FALLS STREET
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

10628 FALLS STREET
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 20-8481429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

BEAN, ROBIN A MGR
10628 FALLS STREET
WELLINGTON, FL 33414 US

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: ROBIN BEAN

02/11/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BEAN, ROBIN
Address: 10628 FALLS STREET
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: BEAN, DOUGLAS
Address: 10628 FALLS STREET
City-St-Zip: WELLINGTON, FL 33414

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: BEAN, KRISTINA
Address: 10628 FALLS STREET
City-St-Zip: WELLINGTON, FL 33414

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: ROBIN BEAN

MGR

02/11/2008

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