2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000032192

City-St-Zip:

Entity Name: SAVE-ON-SURVIVAL, L.L.C.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1735 SERPENTINE DRIVE ST. PETERSBURG, FL 33712 **Current Mailing Address: New Mailing Address:** 1735 SERPENTINE DRIVE ST. PETERSBURG, FL 33712 FEI Number: 61-1559258 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PINE, ANTHONY P PINE, VALENTINO P 1735 SERPENTINE DRIVE 1735 SERPENTINE DRIVE ST. PETERSBURG, FL 33712 US ST. PETERSBURG, FL 33712 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: VALENTINO PINE 05/01/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change (X) Addition PINE. VALENTINO F MR. Name: Name: Address: Address: 1735 SERPENTINE DRIVE SOUTH City-St-Zip: City-St-Zip: SAINT PETERSBURG, FL 33712 Title: Title: () Change (X) Addition () Delete Name: Name: PINE, ANTHONY P MR. Address: Address: 1735 SERPENTINE DRIVE SOUTH

City-St-Zip:

SAINT PETERSBURG, FL 33712

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: VALENTINO PINE MR. 05/01/2009