## L12000159867

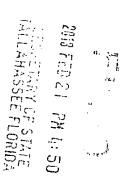
(Re	questor's Name)	<del></del>
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PICK-UP	WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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FEB 2 2 2012 D. BRUCE



January 29, 2013

ANDY HARRIS 1532 US HIGHWAY 41 BYPASS #116 VENICE, FL 34293-1032

SUBJECT: POWER SAVERS LLC Ref. Number: L12000159867

We have received your document for POWER SAVERS LLC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 913A00002182

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Power Name of 1	Savers LLC Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing	g.	
Please return all correspondence concerning	this matter to the following:		
Andrius Vilcir Name of Person  Power Saver Firm/Company			
1532 US HWY  Address  Venice FL  City/State and Zip Code	-41 Byp #116	2010 FEB 21 PI	
E-mail address: (to be used for future annual report	Cr Savers biz	PN 4:50	
For further information concerning this matt	ter, please call:		
Andy Name of Person	_ at ( <u>\$88</u> ) <u>317 - 2255</u> × Area Code & Daytime Telephone Number	1	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the followi	ng amount:		
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida. 1. Name of the limited liability company: 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 2-23 - 13 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: **NEW** Registered Agent: **NEW** Registered Office Address:  $\overline{(MUST}$  BE FLORIDA STREET ADDRESS) If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent

> Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00