ČR2E083 (11/00)

	JMENT #	L9900	0001792	.: •4)	) - C-40						
1. Entity Na	me SAVER, L.L.	C.			,-	F	ILED	)			
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Principal Pla	ice of Business		Mailing Address			1 00,11	28 AM	18:47			
2855 OCEAN DRIVE. SUITE C-6 VERO BEACH FL 32963		P.O. BOX 3628 S VERO BEACH FL 32964 TA			SECRETA TALLAHAS	RY OF S	TATE				
								OKIDA	HIN ON O	ELET IVEK TERNI	
2. Principal	Place of Business		3. Mailing Address								
Suite, Apt. #, etc.			Suite. Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Sta	ate		City & State			4. FEIN	lumber A	PPLIED FOR	 R	-	pplied For
Zip	Co	ountry	Zìp	Count	Ty /	5. Certi		tus Desired		\$5.00 Ad	Iditional
	6. Name and	Address of Current F	Registered Agent		/	7. Name	and Addr	ess of New Reg		Fee Require	eo
	TÓDO W	-			Name			- 'Y			
FENNELL,-TODD-W			~		Street Add	ress (P.O. Box N	umber is No	ot Acceptable)			
	ACH FL 32963	_		ĺ							
TENO DE	A01111 02300	FE	5I NO; 65·090598	}	City					7:n One	
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8. The above	e named entity sub	mits this statement for	the purpose of changing its		d office or re	gistered agent, o	or both, in th	ne State of Florid		.1.	
8. The above			the purpose of changing it		d office or rec	gistered agent, o	or both, in th	ne State of Florid		1.	
		mits this statement for	the purpose of changing it	s registere		gistered agent, of		ne State of Floric			
			the purpose of changing its	s registered		equired when reinstati		ne State of Floric	da.	· · · · · · · · · · · · · · · · · · ·	
			the purpose of changing its	s registered	Agent signature re	equired when reinstati		ne State of Floric	da.	· · · · · · · · · · · · · · · · · · ·	
			r the purpose of changing its and title if applicable. (NO  FILE N  Make Check Pa	S registered TE: Registered IOW!!! Fayable to	Agent signature re	equired when reinstati	ng)		da. DATE	· · · · · · · · · · · · · · · · · · ·	
SIGNATURE	Signature, typed or print	ted name of registered agent and an arms of registered agent and an arms of registered agent and arms of registered agent agen	r the purpose of changing its and title if applicable. (NO  FILE N  Make Check Pa	s registered	Agent signature reference in the second seco	equired when reinstati	ng)	ne State of Floric	da. DATE	: Change	
9. TITLE NAME	Signature, typed or print  MGRM  BERGSTRESSE	MANAGING MEMBE	r the purpose of changing its and title if applicable. (NO  FILE N  Make Check Po  RS/MEMBERS	TE: Registered  IOW!!! F ayable to  10.  TITLE NAME	Agent signature reference in the signature refer	equired when reinstati	ng)		da. DATE	Change	· · · · · · · · · · · · · · · · · · ·
SIGNATURE  9. TITLE	Signature, typed or print  MGRM BERGSTRESSE NORTH 10880	MANAGING MEMBE  R, RICHARD  A-1-A	r the purpose of changing its and title if applicable. (NO  FILE N  Make Check Po  RS/MEMBERS	TE: Registered  IOW!!! F ayable to  10.  TITLE NAME STREE	Agent signature refeE IS \$50 Departme	equired when reinstati	ng)		da. DATE	- Change	
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