

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000106604

Entity Name: ABSOLUTE CASH, LLC

Current Principal Place of Business:

2270 S STATE ST
BUNNELL, FL 32110

Current Mailing Address:

P O BOX 217
BUNNELL, FL 32110

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLIEN, LAURA L
2270 S STATE ST
BUNNELL, FL 32110 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name RAIMONDO, JOSEPH A
Address P O BOX 217
City-State-Zip: BUNNELL FL 32110

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH A. RAIMONDO

MM

02/21/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date