

**2014 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

**MANAGING MEMBER**

**02/18/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date