

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000018608

**Entity Name:** ABSOLUTE TRUCKING L.L.C.

**Current Principal Place of Business:**

12348 SOARING FLIGHT DRIVE  
BOX 14  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

12348 SOARING FLIGHT DRIVE  
BOX 14  
JACKSONVILLE, FL 32225

**FEI Number:** 81-0563447

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CRUSAW, TRESCA R  
12348 SOARING FLIGHT DRIVE  
BOX 14  
JACKSONVILLE, FL 32225 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 MGRM  
Name JORDAN, BENNIE L  
Address 12348 SOARING FLIGHT DRIVE, BOX  
14  
City-State-Zip: JACKSONVILLE FL 32225

*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:** BENNIE JORDAN

**AGENT**

**04/20/2014**

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

\_\_\_\_\_  
Date