

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000142335

Entity Name: ABSOLUTE COMPLETE PROPERTY MANAGEMENT, LLC

Current Principal Place of Business:

1136 BREAKWATER CT.
MARCO ISLAND, FL 34145

Current Mailing Address:

1136 BREAKWATER CT.
MARCO ISLAND, FL 34145 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAMES KARL & ASSOCIATES, P.A.
975 N. COLLIER BLVD
MARCO ISLAND, FL 34145 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 BROWN, EDWARD F
Address 1136 BREAKWATER CT.
City-State-Zip: MARCO ISLAND FL 34145

Title MGRM
Name BROWN, LYNN D
Address 1136 BREAKWATER CT.
City-State-Zip: MARCO ISLAND FL 34145

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: EDWARD BROWN

MGRM

05/01/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date