

**2016 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

**MANAGER**

**04/28/2016**

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

\_\_\_\_\_  
Date