

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000191952

**Entity Name:** ABSOLUTE TITLE, LLC

**Current Principal Place of Business:**

12695 AVIANO DRIVE  
NAPLES, FL 34105

**Current Mailing Address:**

12695 AVIANO DRIVE  
NAPLES, FL 34105 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RUSH, CHRISTOPHER  
501 GOODLETTE RD N.  
STE D-100  
NAPLES, FL 34102 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 BISWURM, TIMOTHY  
Address 12695 AVIANO DRIVE  
City-State-Zip: NAPLES FL 34105

Title MGR  
Name RUSH, CHRISTOPHER  
Address 501 GOODLETTE RD N  
D-100  
City-State-Zip: NAPLES FL 34102

Title MGR  
Name BISWURM, ROBERT  
Address 501 GOODLETTE RD N.  
STE D-100  
City-State-Zip: NAPLES FL 34102

*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:** CHRISTOPHER RUSH

**MANAGING MEMBER**

**04/30/2017**

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

\_\_\_\_\_  
Date