

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000006611

FILED  
Jan 29, 2007  
Secretary of State

Entity Name: ABSOLUTE IT SOLUTIONS LLC

**Current Principal Place of Business:**

805 AMBASSADOR LOOP  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

805 AMBASSADOR LOOP  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 59-3652064

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

GOLDBERG, ALFRED  
805 AMBASSADOR LOOP  
TAMPA, FL 33613 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOLDBERG, ALFRED V MR.  
Address: 805 AMBASSADOR LOOP  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM ( ) Delete  
Name: VLAD, DUMITRU MR.  
Address: STR. POET G. ALEXANDRESCU 11, BL. 23, AP90  
City-St-Zip: BRAILA, BR 810408 RO

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ALFRED GOLDBERG

MGRM

01/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date