

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000877

FILED
Apr 27, 2010
Secretary of State

Entity Name: A ABSOLUTE ELECTRICAL PROTECTION LLC

Current Principal Place of Business:

C/O NAT W. WARD
153 LAKE ELLEN DR
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

C/O NAT W. WARD
140 EMMETT WHALEY ROAD
CRAWFORDVILLE, FL 32327

Current Mailing Address:

C/O NAT W. WARD
153 LAKE ELLEN DR
CRAWFORDVILLE, FL 32327

New Mailing Address:

C/O NAT W. WARD
140 EMMETT WHALEY ROAD
CRAWFORDVILLE, FL 32327

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARD, NAT W
153 LAKE ELLEN DR
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

WARD, NAT W
140 EMMETT WHALEY ROAD
CRAWFORDVILLE, FL 32327 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:

04/27/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WARD, NAT W
Address: 140 EMMETT WHALEY ROAD
City-St-Zip: CRAWFORDVILLE, FL 32327

I hereby 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: NAT W. WARD

MGRM

04/27/2010

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