


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000015133	
1. Entity Name ABSOLUTE SITE SERVICES, LLC	

Principal Place of Business 516 LAKE GEORGE ROAD SEVILLE, FL 32190 US	Mailing Address P.O. BOX 117 PIERSON, FL 32180 US
--	--



01252007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2036797	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent TUTT, DAVID B 480 SHAW LAKE ROAD PIERSON, FL 32180
--

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	TUTT, DAVID B
STREET ADDRESS	480 SHAW LAKE ROAD
CITY - ST - ZIP	PIERSON, FL 32180
TITLE	MGRM
NAME	HAYNES, JUSTIN C
STREET ADDRESS	516 LAKE GEROGE ROAD
CITY - ST - ZIP	SEVILLE, FL 32190
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000617116
02/07/07-80062-006 55.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it 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:  **1/25/06** **386-235-2074**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #