

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026953

Entity Name: ABSOLUTE LOGIC, LLC

FILED
Jul 03, 2008
Secretary of State

Current Principal Place of Business:

8000 PORTOFINO CIRCLE
#109
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

170 SW MILBURN CIRCLE
PORT SAINT LUCIE, FL 34953 US

Current Mailing Address:

8000 PORTOFINO CIRCLE
#109
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

170 SW MILBURN CIRCLE
PORT SAINT LUCIE, FL 34953 US

FEI Number: 20-2558293 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LUCHT, ANDY
8000 PORTOFINO CIRCLE
#109
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

LUCHT, ANDY
170 SW MILBURN CIRCLE
PORT SAINT LUCIE, FL 34953 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:

07/03/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUCHT, ANDREW
Address: 8000 PORTOFINO CIRCLE, #109
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LUCHT, ANDREW
Address: 170 SW MILBURN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify 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: ANDY LUCHT

CEO

07/03/2008

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