

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000045961

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE AIR SOLUTIONS, LLC

**Current Principal Place of Business:**

2014 INDIAN HILLS DRIVE  
MOORE HAVEN, FL 33471

**New Principal Place of Business:**

3173 MILL RUN CT.  
NORTH PORT, FL 34287

**Current Mailing Address:**

2014 INDIAN HILLS DRIVE  
MOORE HAVEN, FL 33471

**New Mailing Address:**

3173 MILL RUN CT.  
NORTH PORT, FL 34287

**FEI Number:** 20-3094555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLER, STEPHEN W PRES  
2014 INDIAN HILLS DRIVE  
MOORE HAVEN, FL 33471 US

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

MILLER, STEPHEN R PRES  
3173 MILL RUN CT.  
NORTH PORT, FL 34287 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: STEPHEN MILLER

02/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MILLER, STEPHEN R PRES  
Address: 3173 MILL RUN CT.  
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM  
Name: MILLER, STEPHEN W V-PRES  
Address: 4040 INDIAN HILLS DR  
City-St-Zip: MOORE HAVEN, FL 33470 US

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: STEPHEN MILLER

MGRM

02/10/2011

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