

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019734

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** ABSOLUTE EROSION CONTROL LLC

**Current Principal Place of Business:**

4760 WILLAMETTE CIRCLE  
ORLANDO, FL 32826

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 781826  
ORLANDO, FL 32878

**New Mailing Address:**

**FEI Number:** 20-4394426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ORTIZ, KEVIN J  
4760 WILLAMETTE CIR  
ORLANDO, FL 32826 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: MGR  
Name: ORTIZ, KEVIN J  
Address: 4760 WILLAMETTE CIRCLE  
City-St-Zip: ORLANDO, FL 32826

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: KEVIN JOSEPH ORTIZ

MGR

02/16/2012

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