

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029205

FILED
Apr 09, 2009
Secretary of State

Entity Name: ABSOLUTE INVESTMENT SOLUTIONS LLC

Current Principal Place of Business:

2100 SW FLETCHER STREET
ARCADIA, FL 34266 US

New Principal Place of Business:

2543 SW CHARLOTTE STREET
ARCADIA, FL 34266 US

Current Mailing Address:

2100 SW FLETCHER STREET
ARCADIA, FL 34266 US

New Mailing Address:

2543 SW CHARLOTTE STREET
ARCADIA, FL 34266 US

FEI Number: 20-4521996

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HEITMAN, EUGENE P II
12687 SW COUNTY ROAD 769
SUITE 2A
LAKE SUZY, FL 34269 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: MGRM () Delete
Name: REIM, SHAWN
Address: 2100 SW FLETCHER STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGR () Delete
Name: REIM, EVELYN
Address: 2100 SW FLETCHER STREET
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: REIM, SHAWN
Address: 2543 CHARLOTTE STREET
City-St-Zip: ARCADIA, FL 34266

Title: MGR (X) Change () Addition
Name: REIM, EVELYN
Address: 2543 SW CHARLOTTE STREET
City-St-Zip: ARCADIA, FL 34266

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: SHAWN REIM

MGRM

04/09/2009

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