


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000056088	
1. Entity Name ABSOLUTE MAINTENANCE SERVICES, LLC	

Principal Place of Business 181 VILLAS COURT N.E. TALLAHASSEE, FL 32303	Mailing Address 181 VILLAS COURT N.E. TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # 3428 Welwyn Way Suite, Apt. #, etc.	3. Mailing Address 3428 Welwyn Way Suite, Apt. #, etc.
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City & State Tallahassee, FL	City & State Tallahassee, FL 32309
Zip 32309	Zip 32309
Country Leon	Country Leon

6. Name and Address of Current Registered Agent EARP, JIM 181 VILLAS COURT N.E. TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Mundinger, Cliff Street Address (P.O. Box Number is Not Acceptable) 3428 Welwyn Way City Tallahassee FL Zip Code 32309
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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.

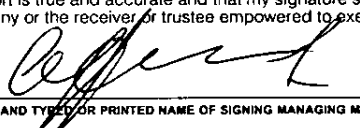
SIGNATURE  DATE 3-29-07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EARP, JIM 181 VILLAS COURT N.E. TALLAHASSEE, FL 32303 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNDINGER, CLIFF P.O. BOX 21233 TALLAHASSEE, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mundinger, Deborah L. PO Box 21233 Tallahassee, FL 32316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr mundinger, Deborah L. PO Box 21233 Tallahassee, FL 32316 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Phyllis Smith 3428 Welwyn Way Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr Nolon Smith 3428 Welwyn Way Tallahassee, FL 32309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  DATE 3-29-07 850-591-3602

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

07 MAR 29 AM 9:55

SEC 03095822761
03/25/07 4:58 PM FLORIDA **75.00



03292007 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required