

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058583

FILED
Sep 11, 2009
Secretary of State

Entity Name: ABSOLUTE RENOVATION & REPAIRS LLC

Current Principal Place of Business:

63 DAYTON ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

63 DAYTON ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 22-3935012 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:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: COOK, DAVID
Address: 63 DAYTON ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P () Delete
Name: COOK, DAVID
Address: 63 DAYTON ROAD
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: PAGE, WES L
Address: 11154 LANDSMAN STREET
City-St-Zip: BOCA RATON, FL 33428

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID COOK

P

09/11/2009

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