



FILED
Sep 13, 2007 8:00 am
Secretary of State

60055965

[illegible]

DOCUMENT # L06000121082				09-13-2007 90016 029 ****50.00	
1. Entity Name ABSOLUTE SOLUTION, LLC					
Principal Place of Business 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759		Mailing Address 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		4. FEI Number	
				05072007 Chg-LLC CR2E083 (12/06)	
5. Certificate of Status Desired		Applied For Not Applicable			
		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
GIBSON, DEBORAH A 2643 GULF TO BAY BLVD SUITE 1560 #171 CLEARWATER, FL 33759		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS CITY - ST - ZIP		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change Addition		
Delete			Change 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:  9-10-07					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					