2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: A-ABSOLUTE CARPET CARE LLC

Current Principal Place of Business:

753LITTLE WEKIVA CIR.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

753 LITTLE WEKIVA CIR.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

753LITTLE WEKIVA CIR.
ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-3745470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: LUDWIG, CATHIE J MGR
Address: 753 LITTLE WEKIVA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR
Name: GARRETT, PETER P MGR
Address: 753 LITTLE WEKIVA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SEC
Name: O'HARA, EILENE V SEC
Address: 753 LITTLE WEKIVA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR
Name: LUDWIG, CATHIE J MGR
Address: 753 LITTLE WEKIVA CIR.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR
Name: LUDWIG, CATHIE J MGR
Address: 753 LITTLE WEKIVA CIR
City-St-Zip: ALTAMONTE SPGS, FL 32714

Title: MGR
Name: LUDWIG, CATHIE J MGR
Address: 753 LITTLE WEKIVA CIR
City-St-Zip: ALTAMONTE SPGS, FL 32714

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 Statues.

SIGNATURE: CATHIE LUDWIG MGR 04/30/2012

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