

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050970

FILED  
May 16, 2009  
Secretary of State

Entity Name: ABSOLUT LEE TWISTED, LLC.

**Current Principal Place of Business:**

373 S. COUNTRY CLUB DR.  
ATLANTIS, FL 33462 US

**New Principal Place of Business:**

**Current Mailing Address:**

373 S. COUNTRY CLUB DR.  
ATLANTIS, FL 33462 US

**New Mailing Address:**

FEI Number: 26-0170307      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:**

RUDICK, FAITH-ANN  
373 S. COUNTRY CLUB DR  
ATLANTIS, FL 33462 US

**Name and Address of New Registered Agent:**

CHEEK, FAITH-ANN  
373 S. COUNTRY CLUB DR  
ATLANTIS, FL 33462 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: FAITH-ANN CHEEK

05/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHEEK, FAITH-ANN  
Address: 373 S. COUNTRY CLUB DR  
City-St-Zip: ATLANTIS, FL 33462 US

**ADDITIONS/CHANGES:**

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: FAITH-ANN CHEEK

OWNE

05/16/2009

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