

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000112664

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** ABSOLUTE AUTO REPAIR & TIRES, LLC

**Current Principal Place of Business:**

7585 SR 207  
HASTINGS, FL 32145

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 516  
HASTINGS, FL 32145

**New Mailing Address:**

**FEI Number:** 26-1373018

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEESE, PHILLIP S  
7585 SR 207  
HASTINGS, FL 32145 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: P  
Name: BEESE, PHILIP S IV  
Address: 7585 STATE ROAD 207  
City-St-Zip: HASTINGS, FL 32145

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 Statutes.

SIGNATURE: PHILIP S. BEESE, IV

MEMB

04/23/2012

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