

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113536

FILED
Apr 20, 2009
Secretary of State

Entity Name: ABSOLUTE STORAGE PRODUCTS, LLC

Current Principal Place of Business:

800 W. LANDSTREET ROAD
ORLANDO, FL 32824

New Principal Place of Business:

Current Mailing Address:

800 W. LANDSTREET ROAD
ORLANDO, FL 32824

New Mailing Address:

P.O BOX 621447
ORLANDO, FL 32862

FEI Number: 26-1466850

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REECE, BRIAN C
800 W. LANDSTREET ROAD
ORLANDO, FL 32824 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 () Delete
Name: CLARKLIFT OF FLORIDA, LLC
Address: 800 W. LANDSTREET ROAD
City-St-Zip: ORLANDO, FL 32824

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PTNR (X) Change () Addition
Name: CLARKLIFT OF FLORIDA, LLC
Address: 800 W. LANDSTREET ROAD
City-St-Zip: ORLANDO, FL 32824

Title: MGRM () Change (X) Addition
Name: REECE, BRIAN C PRES
Address: 800 W. LANDSTREET RD.
City-St-Zip: ORLANDO, FL 32824 US

Title: MGRM () Change (X) Addition
Name: ALLEN, LARRY R V.P
Address: 800 W. LANDSTREET RD.
City-St-Zip: ORLANDO, FL 32824 US

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: BRIAN C. REECE

PRES

04/20/2009

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