

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089204

**Entity Name:** ABSOLUTE LIFESTYLE LLC

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10967 EL PARAISO PL.  
DELRAY BEACH, FL 33446

**New Principal Place of Business:**

**Current Mailing Address:**

10967 EL PARAISO PL.  
DELRAY BEACH, FL 33446

**New Mailing Address:**

**FEI Number:** 26-3423061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHATRIE, SUSAN  
3150 N. PALM AVENUE DR. #508  
POMPANO BEACH, FL 33069 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:** CHATRIE, SUSAN  
**Address:** 3150 N. PALM AIRE DR.  
**City-St-Zip:** POMPANO BEACH, FL 33069

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: SUSAN CHATRIE

MGR

05/01/2012

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