

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080420

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** ABSOLUTE STAFFING SOLUTIONS, LLC

**Current Principal Place of Business:**

C/O JOHN A COERSE  
800 WEST AVENUE, UNIT 406  
MIAMI BEACH, FL 33139

**New Principal Place of Business:**

**Current Mailing Address:**

C/O JOHN A COERSE  
800 WEST AVENUE, UNIT 406  
MIAMI BEACH, FL 33139

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

COERSE, JOHN A  
800 WEST AVENUE, UNIT 406  
MIAMI BEACH, FL 33139    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:                      PRES  
Name:                     COERSE, JOHN A  
Address:                 800 WEST AVE #406  
City-St-Zip:            MIAMI BEACH, FL 33139

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: JOHN ADRIAN COERSE                      PRES                      04/29/2012

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