

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118532

Entity Name: ABSOLUTE SOURCE LLC

**FILED**  
**Mar 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

3714 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3714 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414

**New Mailing Address:**

16562 83RD PLACE NORTH  
LOXAHATCHEE, FL 33470 US

FEI Number: 27-1484698

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCALA, MAGALI N  
3714 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414 US

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

HYDE, ARACELLI N  
3714 OLD LIGHTHOUSE CIRCLE  
WELLINGTON, FL 33414 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: ARACELLI N HYDE

03/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NICHOL, JOSE L  
Address: 551 CYPRESS CROSSING  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: SCALA, MAGALI N  
Address: 3714 OLD LIGHTHOUSE CIRCLE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: HYDE, ARACELLI N  
Address: 1681 CORSICA DRIVE  
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM  
Name: CARDONA, CARLOS M  
Address: 16887 CRESTVIEW LN  
City-St-Zip: WESTON, FL 33326

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: ARACELLI N HYDE

MGRM

03/04/2010

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