

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000098970

Entity Name: ABSOLUTE PAWN, LLC

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

380 W. STATE ROAD 434  
WINTER SPRINGS, FL 32708 US

**New Principal Place of Business:**

3529 EDGEWATER DR.  
ORLANDO, FL 32804 US

**Current Mailing Address:**

1311 VICKERS LAKE DR.  
OCOE, FL 34761 US

**New Mailing Address:**

FEI Number: 27-3512644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SANDVIK, STEVEN  
1311 VICKERS LAKE DR.  
OCOE, FL 34761 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: MGRM  
Name: OSINGA, RANDALL  
Address: 1311 VICKERS LAKE DR.  
City-St-Zip: OCOE, FL 34761 US

Title: MGRM  
Name: SANDVIK, STEVEN  
Address: 1311 VICKERS LAKE DR.  
City-St-Zip: OCOE, FL 34761 US

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: STEVEN SANDVIK

MBR

02/21/2011

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