

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000099268

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** ABSOLUTE ENTERPRISES OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

9170 SW 52ND TERR  
OCALA, FL 34478

**New Principal Place of Business:**

**Current Mailing Address:**

9170 SW 52ND TERR  
OCALA, FL 34478

**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:**

NICHOLSON, FRANK III  
9170 SW 52ND TERR  
OCALA, FL 34478 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: FRANK NICHOLSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: NICHOLSON, FRANK III  
Address: 9170 SW 52ND TERR  
City-St-Zip: OCALA, FL 34478

Title: MGRM  
Name: TABACCHI, MATTHEW  
Address: 765 SW 80TH ST  
City-St-Zip: OCALA, FL 34476

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: FRANK NICHOLSON

MGRM

04/27/2012

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