

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90322 048 \*\*\*138.75

**DOCUMENT # L97000000321**

1. Entity Name  
**ABSOLUTE DIRT, L.L.C.**



Principal Place of Business  
**6971 198TH AVE NORTH  
LARGO, FL 33777**

Mailing Address  
**6971 108TH AVENUE NORTH  
LARGO, FL 33777**

**60026377**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04142008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**59-3445663**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PATTEN, JANEEN  
6971 108TH AVE NORTH  
LARGO, FL 33777**

Name

Street Address (P.O. Box Number is Not Acceptable)

**11625 PROSPEROUS DRIVE**

City

**ODESSA**

**FL**

Zip Code

**33556**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Janeen Patten*

(NOTE: Registered Agent signature required when reinstating)

DATE

**04/16/2008**

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
ARMES, LISA  
6971 108TH AVE N  
LARGO, FL 33777** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
LISA ARMES  
11625 PROSPEROUS DRIVE  
ODESSA, FL 33556** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
PATTEN, JANEEN  
6971 108TH AVE N  
LARGO, FL 33777** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
JANEEN PATTEN  
11625 PROSPEROUS DRIVE  
ODESSA, FL 33556** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

*Janeen Patten*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**04/16/2008 727-546-4285**

Date

Daytime Phone #