

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000321

Entity Name: ABSOLUTE DIRT, L.L.C.

FILED
Jan 09, 2009
Secretary of State

Current Principal Place of Business:

6971 198TH AVE NORTH
LARGO, FL 33777

New Principal Place of Business:

11625 PROSPEROUS DRIVE
ODESSA, FL 33556

Current Mailing Address:

6971 108TH AVENUE NORTH
LARGO, FL 33777

New Mailing Address:

11625 PROSPEROUS DRIVE
ODESSA, FL 33556

FEI Number: 59-3445663

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PATTEN, JANEEN
11625 PROSPEROUS DRIVE
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

PATTEN, JANEEN PRES
11625 PROSPEROUS DRIVE
ODESSA, FL 33556 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: JANEEN PATTEN

01/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARMES, LISA
Address: 11625 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: PATTEN, JANEEN
Address: 11625 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: ARMES, LISA PRES
Address: 11625 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

Title: PRES (X) Change () Addition
Name: PATTEN, JANEEN PRES
Address: 11625 PROSPEROUS DRIVE
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JANEEN PATTEN

PRES

01/09/2009

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