

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000518

1. Entity Name
ABSOLUTE STUFF, L.L.C.



Principal Place of Business

6971 108TH AVE N
LARGO, FL 33777

Mailing Address

6971 108TH AVE N
LARGO, FL 33777

DO NOT WRITE IN THIS SPACE



01042005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3442586

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CIPOLLA, FRANK
6971 108TH AVE N
LARGO, FL 33777

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	ABSOLUTE F&D, INC.
STREET ADDRESS	6971 108TH AVE N
CITY-ST-ZIP	LARGO, FL 33777
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

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

JANEEN PATTEN

01/05/2005

Date

727-546-4285

Daytime Phone #