

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90063 048 *****50.00

DOCUMENT # L97000000518

1. Entity Name

ABSOLUTE STUFF, L.L.C.



Principal Place of Business

**611 WEST AZEELE STREET
TAMPA FL 33606**

Mailing Address

**611 WEST AZEELE STREET
TAMPA FL 33606**

2. Principal Place of Business

6971 108th Ave North

3. Mailing Address

6971 108th Ave North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LARGO

City & State
LARGO

4. FEI Number **59-3442586**

Applied For

Not Applicable

Zip **33777**

Country **USA**

Zip **33777**

Country **USA**

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SMITH, H. STRATTON ESQ.
611 WEST AZEELE STREET
TAMPA FL 33606**

7. Name and Address of New Registered Agent

Name **FRANK CIPOLLA**
Street Address (P.O. Box Number is Not Acceptable)
6971 108th AVENUE NORTH
City **LARGO** FL Zip Code **33777**

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 **Frank Cipolla**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

01-23-03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
NAME **ABSOLUTE F&D, INC.**
STREET ADDRESS **611 WEST AZEELE STREET**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **6971 108th AVENUE NORTH**
CITY-ST-ZIP **LARGO FL 33777**

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **FRANK CIPOLLA**
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-23-03 727-546-4285

Date

Daytime Phone #

CR2E083 (10/02)