

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000158511

**Entity Name:** ABSOLUTE CARPENTRY LLC

**Current Principal Place of Business:**

200 N. HAWTHORNE AVENUE  
APOPKA, FL 32703

**Current Mailing Address:**

200 N. HAWTHORNE AVENUE  
APOPKA, FL 32703 US

**FEI Number:** 46-1595402

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JONES, JEFFERY L  
200 N. HAWTHORNE AVENUE  
APOPKA, FL 32703 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JONES, JEFFERY L  
Address 200 N. HAWTHORNE AVENUE  
City-State-Zip: APOPKA FL 32703

Title MGRM  
Name PELLETIER, SHANNON M  
Address 200 N. HAWTHORNE AVENUE  
City-State-Zip: APOPKA FL 32703

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHANNON PELLETIER

MGRM

04/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date