

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000024122

**Entity Name:** ABSOLUT SL LLC**Current Principal Place of Business:**801 WEST BAY DRIVE  
512  
LARGO, FL 33770**Current Mailing Address:**801 WEST BAY DRIVE  
512  
LARGO, FL 33770**FEI Number:** 47-3054375**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INSIGHT ACCOUNTING LLC  
801 WEST BAY DRIVE  
512  
LARGO, FL 33770 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:** GERARD W DAVICH

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**Title MGR  
Name NILSSON, KENT  
Address 801 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770Title MGR  
Name NILSSON, MATTIAS  
Address 801 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770Title MGR  
Name JEFFRIES, KEITH  
Address 801 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770Title MGR  
Name EGNER, EDWARD  
Address 801 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770Title MGR  
Name BERG, PER-ERIK  
Address 801 WEST BAY DRIVE  
City-State-Zip: LARGO FL 33770

*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:** KENT NILSSON

MEMBER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date