

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255327

**Entity Name:** ABSOLUTE ALF,LLC

**Current Principal Place of Business:**

16036 SHAREWOOD DR  
TAMPA, FL 33618

**Current Mailing Address:**

PO BOX 273232  
TAMPA, FL 33688

**FEI Number: 83-2420558**

**Certificate of Status Desired: No**

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

ETHEL, KAMGA  
12831 DARBY RIDGE DR  
TAMPA, FL 33624 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:** KAMGA,ETHEL

06/25/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            CEO  
Name            KAMGA, ETHEL  
Address        12831 DARBY RIDGE DR  
City-State-Zip: TAMPA FL 33624

*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:** ETHEL KAMGA

CEO

06/25/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date