

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000332746

**Entity Name:** ABSOLUTE HOLIDAYS LLC

**Current Principal Place of Business:**

2005-1 E FOWLER AVE  
TAMPA, FL 33612

**Current Mailing Address:**

2005-1 E FOWLER AVE  
TAMPA, FL 33612 US

**FEI Number: 86-1886258**

**Certificate of Status Desired: No**

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

RISHI, VINOD K  
2005-1 E FOLWER AVE  
TAMPA, FL 33612 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	MGR	Title	MGR
Name	RISHI, VINOD K	Name	RISHI, RASHMI
Address	2282 WARWICK DRIVE	Address	2282 WARWICK DRIVE
City-State-Zip:	OLDSMAR FL 34677	City-State-Zip:	OLDSMAR FL 34677

*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: VINOD K RISHI**

**MGR**

**09/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date