

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028710

Entity Name: ABSOLUTE INSURANCE OF PALM BEACH COUNTY, INC.

Current Principal Place of Business:

3005 S FEDERAL HWY
DELRAY BEACH, FL 33483

Current Mailing Address:

3005 S FEDERAL HWY
DELRAY BEACH, FL 33483

FEI Number: 65-1088344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAIBLE, DEAN J
3005 S FEDERAL HWY
DELRAY BEACH, FL 33483 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

Officer/Director Detail :

Title P
Name LAIBLE, DEAN J
Address 3005 S FEDERAL HWY
City-State-Zip: DELRAY BEACH FL 33483

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEAN LAIBLE

PRESIDENT

04/22/2019

Electronic Signature of Signing Officer/Director Detail

Date