

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000085078

Entity Name: ABSOLUTE INSURANCE & FINANCIAL, LLC

Current Principal Place of Business:

2057 GREY FALCON CIR SW
VERO BEACH, FL 32962

Current Mailing Address:

2057 GREY FALCON CIR SW
VERO BEACH, FL 32962

FEI Number: 27-0861275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARKAS, JOSEPH MJR
2057 GREY FALCON CIR SW
VERO BEACH, FL 32962 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 MARKAS, JOSEPH MJR.
Address 2057 GREY FALCON CIR SW
City-State-Zip: VERO BEACH FL 32962

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: JOSEPH M. MARKAS JR

MGRM

04/16/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date