

**2015 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

04/08/2015

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

\_\_\_\_\_  
Date