

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000085078

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** ABSOLUTE INSURANCE & FINANCIAL, LLC

**Current Principal Place of Business:**

13003 FRINGETREE DRIVE E.  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

2057 GREY FALCON CIR SW  
VERO BEACH, FL 32962

**Current Mailing Address:**

13003 FRINGETREE DRIVE E.  
JACKSONVILLE, FL 32246

**New Mailing Address:**

2057 GREY FALCON CIR SW  
VERO BEACH, FL 32962

**FEI Number:** 27-0861275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARKAS, JOSEPH M JR  
13003 FRINGETREE DR E.  
JACKSONVILLE, FL 32246 US

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

MARKAS, JOSEPH M JR  
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:

04/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MARKAS, JOSEPH M JR.  
Address: 2057 GREY FALCON CIR SW  
City-St-Zip: VERO BEACH, FL 32962

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOSEPH M MARKAS JR

MGRM

04/24/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date