L22000236177 Statement of Fact

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I, Erica Boochee am a victim of identity theft. It started 12/6/22 and continues. No authorities, Banks, or institutions have been able to help me. If any charges are made, with my name in any way, I am the sole authority of this claim.

600392108636

Erica Renee Boochee

STATE OF FLORIDA
COUNTY OF Leon
Sworn to (or affirmed) and subscribed before me by means of
X physical presence or ( ) online notarization, this 4
day of May, 2023, by Erica Boochee

Rose Ann Varnadore
(Notary Signature)

Personally known X
OR Produced Identification ___
Type of Identification produced ___

ROSE ANN VARNADORE
Commission # HH 269772
Expires June 1, 2026

Effective date, if other than the date of filing: 5/12/23 (optional)
(If effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the date it is filed

Dated 5/4/23

Erica R. Boochee
Signature of a member or authorized representative of a member

Erica R. Boochee
Typed or printed name of signee

Filing Fee: $25.00