

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000057847

**Entity Name:** IDENTITY HELPER, LLC

**Current Principal Place of Business:**

10167 W SUNRISE BLVD  
SUITE 200  
PLANTATION, FL 33322

**Current Mailing Address:**

10167 W SUNRISE BLVD  
SUITE 200  
PLANTATION, FL 33322 US

**FEI Number:** 45-5190358

**Certificate of Status Desired:** No

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

BANSAL, ATAL  
10167 W SUNRISE BLVD SUITE 200  
PLANTATION, FL 33322 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 BANSAL, ATAL  
Address 10167 W SUNRISE BLVD  
SUITE 200  
City-State-Zip: PLANTATION FL 33322

*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:** ATAL BANSAL

MGR

03/03/2016

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

\_\_\_\_\_  
Date