

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000174592

**Entity Name:** IDENTITY PRODUCTIONS, LLC

**Current Principal Place of Business:**

421 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**Current Mailing Address:**

421 KENTUCKY BLUE CIRCLE  
APOPKA, FL 32712

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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 AMBR  
Name WHITE, PAULA  
Address 421 KENTUCKY BLUE CIRCLE  
City-State-Zip: APOPKA FL 32712

Title MGR  
Name WHITE, PAULA  
Address 421 KENTUCKY BLUE CIRCLE  
City-State-Zip: APOPKA FL 32712

Title MGR  
Name FRIGA, JOHN L  
Address 421 KENTUCKY BLUE CIRCLE  
City-State-Zip: APOPKA FL 32712

*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:** PAULA WHITE

**MEMBER AND MANAGER** 04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date