

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000324143

**Entity Name:** IDENTIFY PROFESSIONAL INTERNATIONAL LLC

**Current Principal Place of Business:**

14310 N DALE MABRY HWY STE 180  
TAMPA, FL 33618

**Current Mailing Address:**

318 10TH AVE NE APT 208  
WATFORD CITY, ND 58854 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

REPUBLIC REGISTERED AGENT LLC  
1150 NW 72ND AVE TOWER I, STE 455  
MIAMI, FL 33126 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:** WESLEY DOLAN

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ELLIS, HARLAN  
Address 14310 N DALE MABRY, HWY SUITE  
180  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name PACHON, HOMERO  
Address 14310 N DALE MABRY HWY STE 180  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name BROWN, CHRIS  
Address 14310 N DALE MABRY HWY STE 180  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name RAMPERSAD, RENNIE  
Address 14310 N DALE MABRY HWY STE 180  
City-State-Zip: TAMPA FL 33618

Title AMBR  
Name BENNETT, BILL  
Address 14310 N DALE MABRY HWY STE 180  
City-State-Zip: TAMPA FL 33618

*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:** HARLAN ELLIS

MEMBER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date