

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2003 8:00 am
Secretary of State

04-23-2003 90128 046 ****50.00

DOCUMENT # L02000019034

1. Entity Name

IDENTIFICATION.COM, LLC



Principal Place of Business

C/O ADORNO & YOSS, P.A.
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432-6128

Mailing Address

C/O ADORNO & YOSS, P.A.
700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432-6128

2. Principal Place of Business

C/O Arnstein + Lehr

3. Mailing Address

C/O Arnstein + Lehr

Suite, Apt. #, etc.

515 N. Flagler Dr. Suite 600

Suite, Apt. #, etc.

515 N. Flagler Dr. Suite 600

City & State

West Palm Beach FL 33401

City & State

West Palm Bch, FL

Zip

33401

Country

USA

Zip

33401

Country

4. FEI Number

72-1533115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AUSTIN, SCOTT R

700 SOUTH FEDERAL HIGHWAY, SUITE 200
BOCA RATON FL 33432-6128

7. Name and Address of New Registered Agent

Name

AUSTIN, SCOTT R

Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagler Drive, Suite 600

West Palm Beach

City

West Palm Beach

FL

Zip Code

33401

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Scott R. Austin as registered agent

1/28/03

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
PAUL NIDDERMEYER
102 NE 2ND ST. PMB 037
BOCA RATON, FL 33432

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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10. ADDITIONS / CHANGES

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CITY - ST - ZIP

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☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

Paul Niddermeyer
Resident, managing member

1/27/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)