

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000061920

**FILED**  
**Jul 29, 2009**  
**Secretary of State****Entity Name:** IDENTITY STRONGHOLD, LLC**Current Principal Place of Business:**517 PAUL MORRIS DRIVE  
C4-2  
ENGLEWOOD, FL 34223**New Principal Place of Business:****Current Mailing Address:**517 PAUL MORRIS DRIVE  
C4-2  
ENGLEWOOD, FL 34223**New Mailing Address:****FEI Number:** 20-4177335**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SILBERSTEIN, DAVID M  
50 CENTRAL AVENUE  
700  
SARASOTA, FL 34236 US**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:****Title:** MGRM ( ) Delete  
**Name:** AUGUSTINOWICZ, WALT  
**Address:** 770 BUCKSKIN COURT  
**City-St-Zip:** ENGLEWOOD, FL 34223**Title:** MGRM ( ) Delete  
**Name:** PELAGIC GROUP LLC  
**Address:** 126 SW 134TH TERRACE  
**City-St-Zip:** NEWBERRY, FL 32669 US**Title:** MGRM ( ) Delete  
**Name:** ROBRADY CAPITAL LLC  
**Address:** 1040 COMMERCE BLVD NORTH  
**City-St-Zip:** SARASOTA, FL 34243 US**Title:** MGRM ( ) Delete  
**Name:** PETSINGER, JULIE ANN  
**Address:** 32W567 ROCHEFORT LANE  
**City-St-Zip:** WAYNE, IL 60184 US**Title:** MGRM (X) Delete  
**Name:** REUT, ANTON  
**Address:** 1507D COLONIAL TERRACE  
**City-St-Zip:** ARLINGTON, VA 22209**Title:** MGRM (X) Delete  
**Name:** CHANTKER, ARTHUR  
**Address:** 10137 COLEBROOK AVE  
**City-St-Zip:** POTOMAC, MD 20854**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: WALT AUGUSTINOWICZ

MGRM

07/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date