

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078143

**FILED**  
**May 07, 2010**  
**Secretary of State**

**Entity Name:** IDENTITY THEFT FRAUD SOLUTIONS, LLC

**Current Principal Place of Business:**

103 JAMES PLACE  
MAITLAND, FL 32751

**New Principal Place of Business:**

228 PARK AVE SOUTH  
62744  
NEW YORK, NY 10003

**Current Mailing Address:**

103 JAMES PLACE  
MAITLAND, FL 32751

**New Mailing Address:**

228 PARK AVE SOUTH  
62744  
NEW YORK, NY 10003

FEI Number: 27-0776965

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BURKEY, CHRISTINE J  
103 JAMES PLACE  
MAITLAND, FL 32751 US

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

BOYER, CINDY R  
4974 SE INKWOOD WAY  
HOBE SOUND, FL 33455 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: CINDY BOYER

05/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BURKEY, CHRISTINE J  
Address: 103 JAMES PLACE  
City-St-Zip: MAITLAND, FL 32751

Title: MGRM  
Name: BOYER, CINDY R  
Address: PO BOX 8249  
City-St-Zip: HOBE SOUND, FL 33475

I hereby 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: CINDY BOYER

MGRM

05/07/2010

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