

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Sep 10, 2012  
Secretary of State**

DOCUMENT# L09000078143

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

**Current Principal Place of Business:**

163 E. MORSE BLVD  
SUITE 200  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

163 E. MORSE BLVD  
SUITE 200  
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** 27-0776965      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BOYER, ZAC  
163 E. MORSE BLVD  
SUITE 200  
WINTER PARK, FL 32789 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:** VP  
**Name:** BOYER, ZAC  
**Address:** 4974 SE INKWOOD WAY  
**City-St-Zip:** HOBE SOUND, FL 33455

**Title:** PRES  
**Name:** CIESLAK, FRED  
**Address:** 1235 PRESTIGE PLACE  
**City-St-Zip:** OVIEDO, FL 32765

**Title:** VP  
**Name:** BURKEY, BRANDON  
**Address:** 1615 ALGONQUIN TRAIL  
**City-St-Zip:** MAITLAND, FL 32751

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: ZAC BOYER

VP

09/10/2012

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