

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000120366

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** CONSUMER VERIFICATION SYSTEMS, LLC

**Current Principal Place of Business:**

111 E. WASHINGTON STREET  
SUITE 1913  
ORLANDO, FL 32801 US

**New Principal Place of Business:**

150 E. ROBINSON STREET  
SUITE 3409  
ORLANDO, FL 32801 US

**Current Mailing Address:**

111 E. WASHINGTON STREET  
SUITE 1913  
ORLANDO, FL 32801 US

**New Mailing Address:**

150 E. ROBINSON STREET  
SUITE 3409  
ORLANDO, FL 32801 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

MORSE, LARRY S  
111 E. WASHINGTON STREET  
SUITE 1913  
ORLANDO, FL 32801 US

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

MORSE, LARRY S  
150 E. ROBINSON STREET  
SUITE 3409  
ORLANDO, FL 32801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MORSE, LARRY S  
Address: 150 E. ROBINSON STREET, SUITE 3409  
City-St-Zip: ORLANDO, FL 32819 US

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: LARRY S MORSE

MGR

04/17/2012

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