

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140670

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** IT AUTHORITIES INTERNATIONAL HOLDINGS, LLC

**Current Principal Place of Business:**

5102 WEST LAUREL STREET  
SUITE 800  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

5102 WEST LAUREL STREET  
SUITE 800  
TAMPA, FL 33607 US

**New Mailing Address:**

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

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS COURT  
SUITE A  
TAMPA, FL 33612 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: MGR  
Name: CARAS, JASON  
Address: 5102 WEST LAUREL STREET, SUITE 800  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: POLLNER, JASON  
Address: 5102 WEST LAUREL STREET, SUITE 800  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: BECKMAN, TOM  
Address: 5102 WEST LAUREL STREET, SUITE 800  
City-St-Zip: TAMPA, FL 33607 US

Title: MGR  
Name: DAWSON, MATT  
Address: 5102 WEST LAUREL STREET, SUITE 800  
City-St-Zip: TAMPA, FL 33607 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: JASON POLLNER

MGR

03/06/2012

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