

**L14000175717**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

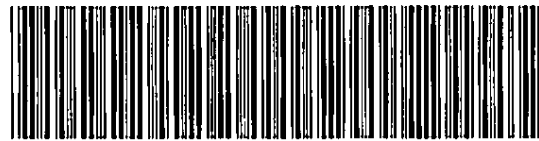
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**900353399789**

10/13/20--01033--004 \*\*55.00

**FILED**

2020 OCT 13 PM 4:22

NOV 18 2020

**S. YOUNG**

## FIRST COVER LETTER

Melvin Nieves  
3672 SW 61<sup>st</sup> Ave Apt 2  
Davie, Florida 33314  
(954) 612-5380  
Email: hasaninieves@icloud.com

Registration Section  
Division of Corporations  
Mailing Address:  
P. O. Box 6327  
Tallahassee, FL 32314  
850.245.6000  
850.245.6014 (fax)  
[sunbiz.org/contact.html](http://sunbiz.org/contact.html)

09/23/2020

Dear Division of Corporation/Registration Section,

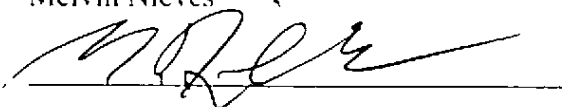
This letter contains an itemized list of the following documents:

1. **Resignation or Dissociation of Member or Manager**
2. **FTC Identity Theft Report**
3. **Broward County Cooper City Police Department Report for Identity Theft Filed 05/09/2020.**
4. **Reported Identity Theft to Hialeah Police Department 09/22/2020 Report Number 20200024634. (Pending Copy to be obtained)**
5. **2020 Florida Limited Liability Company Annual Report**

I am sending these documents to you to ensure further progress in the fulfillment of the requirements to be disassociated and removed from this company **Entity Name:** DISTRIBUIDORA LILCARVE LLC DOCUMENT# L14000175717 due to Identity Theft and Unauthorized use of my name as an authorized member. This All the documents asked for by the division of corporations are attached alongside this letter. Please let me know if you require any other documentation.

I greatly appreciate your cooperation in correcting this matter as soon possible and updating your records accordingly. Thank you for your time.

Kind regards,  
Melvin Nieves



## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DISTRIBUIDORA LILCARVE LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Melvin Nieves

\_\_\_\_\_  
(Contact Person)

N/A

\_\_\_\_\_  
(Firm/Company)

3672 SW 61st Avenue Apt 2

\_\_\_\_\_  
(Address)

Davie, Florida 33314

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Melvin Nieves

954 612-5380  
at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DISTRIBUIDORA LILCARVE LLC

2. The Florida document/registration number assigned to this limited liability company is:  
LI4000175717

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/17/2016 IDTheft

4. I, Melvin Nieves, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Authorized Member

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2020 OCT 13 PM 4:22

FILED



FEDERAL TRADE COMMISSION

FTC Report Number:  
123388604

# Identity Theft Report

I am a victim of Identity theft. This is my official statement about the crime.

## Contact Information

<b>First Name:</b>		<b>Last Name:</b>	
Melvin		Nieves	
<b>Address:</b>	<b>Phone:</b>	<b>Email:</b>	
3672 SW 61st Avenue, Apt 2 Davie, Florida 33314 USA	954-612-5380	hasaninieves@icloud.com	

## Personal Statement

There are taxes being filed in my name and my personal information is being used without my authorization. I have never filed corporation taxes or personal taxes since 2017. Which in fact I never even received my tax return money from that year and so on. I have had issues not being able to file taxes because someone else is filling in my name without my knowledge. In addition, Upon further investigation found out that I am part of a Florida business LLC Called Distribudora Lilcarve LLC. I never have known about this company or authorized to be a part of that business or be a title member like it describes in the sunbiz.org website. I need to obtain my tax transcripts from 2016 thru 2020. In order to clear my name and correct my identity theft case. Please assist me in this matter urgently and provide me with the required tax return information that has been filed in my name.

## Tax Fraud

<b>Date that I discovered it</b>
8 / 2016

## Fraudulent Information on Credit Reports

<b>Accounts or Charges</b>	No, not at this time
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### Suspect Information

<b>Name</b>	Liliana C Vejar
<b>Contact Information</b>	<b>Address:</b> 10091 West 35th Lane, Hialeah, FL 33018 USA <b>Phone Number:</b> 786-616-7130
<b>Relationship</b>	Other
<b>Additional Details</b>	Ex-Spouse

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**Under penalty of perjury, I declare this information is true and correct to the best of my knowledge.**

I understand that knowingly making any false statements to the government may violate federal, state, or local criminal statutes, and may result in a fine, imprisonment, or both.

**Melvin Nieves**

**09/23/2020**

Melvin Nieves

Date



Use this form to prove to businesses and credit bureaus that you have submitted an FTC Identity Theft Report to law enforcement. Some businesses might request that you also file a report with your local police.

# INCIDENT/INVESTIGATION REPORT

I N C I D E N T  D A T A	Agency Name <b>Broward County Sheriff's Office</b>		INCIDENT/INVESTIGATION REPORT		Case# <b>16-20015-000603</b>	
	ORI <b>0061000</b>				Date / Time Reported <b>05/09/2020 20:50 Sat</b>	
	Location of Incident <b>1 - Marsy's Law</b>				Last Known Secure <b>11/12/2014 20:00 Wed</b>	
	Premise Type <b>Victim Single Family</b>				Zone/Tract <b>1608</b>	
		At Found <b>05/09/2020 20:00 Sat</b>				
D E T A I L S	#1	Crime Incident(s) <b>Fraud - All Other FRDO</b>	(Com)	Weapon / Tools <b>NOT APPLICABLE</b>	Activity	
				Entry	Exit	Security
	#2	Crime Incident	( )	Weapon / Tools	Activity	
				Entry	Exit	Security
	#3	Crime Incident	( )	Weapon / Tools	Activity	
				Entry	Exit	Security
M O  V I C T I M I N F O R M  O T H E R S  U N V O L V E D	MO					
	# of Victims <b>1</b>		Type: <b>INDIVIDUAL (NOT A LE OFFICER)</b>		Injury: <b>None</b>	
	Victim/Business Name (Last, First, Middle) <b>V1 1 - Marsy's Law</b>		Victim of Crime # <b>1</b>	DOB <b>1 - Marsy's Law</b>	Race <b>1 - Marsy's Law</b>	Sex <b>03</b>
	Home Address <b>1 - Marsy's Law</b>		Home Phone <b>1 - Marsy's Law</b>			
	Employer Name/Address		Business Phone		Mobile Phone	
	VYR	Make	Model	Style	Color	VIN
	CODES: V- Victim (Denote V2, V3) O = Owner (if other than victim) R = Reporting Person (if other than victim)					
	Type: <b>INDIVIDUAL (NOT A LE OFFICER)</b>		Injury:			
	Code <b>IO</b>	Name (Last, First, Middle) <b>1 - Marsy's Law</b>	Victim of Crime #	DOB Age	Race	Sex
	Home Address <b>1 - Marsy's Law</b>		Home Phone			
Employer Name/Address <b>1 - Marsy's Law</b>		Business Phone		Mobile Phone		
Type:		Injury:				
Code	Name (Last, First, Middle)	Victim of Crime #	DOB Age	Race	Sex	
Home Address		Home Phone				
Employer Name/Address		Business Phone		Mobile Phone		
P R O P E R T Y	L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found ("OJ" = Recovered for Other Jurisdiction)					
	VI #	Code	Status Frm/Tc	Value	OJ	QTY
Officer/ID# <b>BELLO-SANCHEZ, P. (3490, SRO) (16328)</b>						
Invest ID# <b>(0)</b>			Supervisor <b>KENNISON, K. (3490) (16632)</b>			
Status	Complainant Signature		Case Status <b>Active</b>		Case Disposition:	
			<b>05/09/2020</b>		Page 1	

## INCIDENT/INVESTIGATION REPORT

*Broward County Sheriff's Office*

Case # 16-2005-000603

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found							
D R U G S	UCR	Status	Quantity	Type Measure	Suspected Type	Up to 3 types of activity	

Assisting Officers

Suspect Hate / Bias Motivated:

## INCIDENT/INVESTIGATION REPORT

Narr. (cont.) OCA: 16-2005-000603

*Broward County Sheriff's Office*

### NARRATIVE

On 5/9/2020 at approximately 2050 hours, 1 - Marsy's Law reported that 1 - Marsy's Law who he has been separated from since 6/2/2017 recently filed taxes and opened a corporation in his name without his permission or knowledge. 1 - Mars... obtained the services of an attorney and filed a police report.

# REPORTING OFFICER NARRATIVE

Broward County Sheriff's Office

Victim 1 - Marsy's Law	Offense FRAUD - ALL OTHER	OCA 16-2005-000603 Date / Time Reported Sat 05/09/2020 20:50
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On 5/9/2020 at approximately 2050 hours I made contact with (1 - Marsy's Law) via landline who reported that (1 - Marsy's Law) who he has been separated from since 6/2/2017 recently filed taxes in his name without his permission or knowledge. (1 - Marsy's Law) was informed today by the IRS that he is not qualified to receive a stimulus check due to the following stated reason: The tax payers social security number was claimed on a tax return previously accepted by the IRS.

(1 - Marsy's Law) conducted further research on the matter via sunbiz.org- Division of Corporations and was able to ascertain that on 11/12/2014 an LLC by the name of (1 - Marsy's Law) was opened by (Ana Del Ruiz) who he stated is an unknown person to him.

On 8/17/2016, Ruiz appointed (1 - Marsy's Law) and (1 - Marsy's Law) as a persons authorized to manage the LLC. Authorization on both their names continued to be filed every year. January 9, 2019 being the most recent on file.

(1 - Marsy's Law) advised he hasn't had contact with (1 - Marsy's Law) since their separation 3 years ago and has made numerous un-successful attempts to contact (1 - Marsy's Law) via her last know cell phone, resident address and business address. As a result, (1 - Marsy's Law) obtained the services of an attorney who requested that he file a Police report.

Due to COVID-19 this report was not taken face to face, therefore Marsy's Law was verbally explained. The victim acknowledged their options and chose to opt (in) the exemption. Copies supporting the alleged fraud were provided by the victim and submitted to the Cooper City records department. A case number was issued. A BWC was activated.

*Redaction Date: Tuesday, May 19, 2020 12:58:36 PM*

Total Number of Redactions: 24

By Exemption:

"Marsy's Law - Fla. Const., Art. I, §16" (Marsy's Law): 24 instances

By Page:

Page 1 - "Marsy's Law - Fla. Const., Art. I, §16" (Marsy's Law): 9 instances

Page 2 - "Marsy's Law - Fla. Const., Art. I, §16" (Marsy's Law): 3 instances

Page 3 - "Marsy's Law - Fla. Const., Art. I, §16" (Marsy's Law): 12 instances