

Mark Gerhardt
Home Address: 110 Hendricks Isle Unit 10, Fort Lauderdale, Florida 33301
Business Address: 601 N. Congress Ave Suite 415, Delray Beach, FL 33445
Phone: (954) 234-8881
Email:

L20000092313

June 28, 2023

To: Department of State
Division of Corporations
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

600408344616

RE: Statement of Fact

To Whom It May Concern:

On June 26, 2023, I was contacted by my credit card company who advised me that a credit card application was submitted in my name, using my information, under the business name "Consulting Care LLC" which I have no association with.

I searched the Department of State, Division of Corporations website and found that Document Number L20000092313 for Consulting Care LLC had been amended on June 13, 2023. This Amendment included a change that added my name as the Registered Agent and Authorized Representative. I have no relation to this company whatsoever, including, the address listed on this Amendment or any other previously reported information relating to this company since its inception as shown on Articles of Organization and any of the Annual Reports.

This Statement of Fact Letter is to advise you of this fraudulent activity and to request that I be removed from Document Number L20000092313 immediately and you take any other action necessary to protect me and others from this type of identity theft.

I have filed an incident report for identity theft with my local Police Department in Fort Lauderdale, Case Number 34-2306-130157 and kindly request that you follow up with them, referencing this Case Number for any actions that are taken, as well as following up with me.

Sincerely,

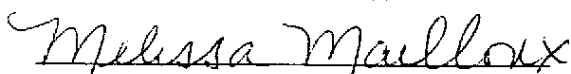

Mark Gerhardt

NOTARY ACKNOWLEDGEMENT

State of Colorado
Country of Summit - USA

On June 28, 2023, before me, Melissa Mailloux, personally appeared, Mark Gerhardt, personally known to me, or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal


My Commission Expires: 9-25-2023

