

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078143

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

**Current Principal Place of Business:**

400 WEST MORSE BLVD  
SUITE 230  
WINTER PARK, FL 32789

**Current Mailing Address:**

P.O. BOX 2145  
WINTER PARK, FL 32790 US

**FEI Number:** 27-0776965

**Certificate of Status Desired:** No

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

CIESLAK, FRED  
400 WEST MORSE BLVD  
SUITE 230  
WINTER PARK, FL 32789 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:** FRED CIESLAK

01/26/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	VP	Title	PRES
Name	BOYER, JASON Z	Name	CIESLAK, FRED
Address	7734 S E LAQUE CIRCLE	Address	1235 PRESTIGE POINT
City-State-Zip:	STUART FL 34997	City-State-Zip:	OVIEDO FL 32765

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRED CIESLAK

**PRESIDENT**

01/26/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date