# 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

Electronic Signature of Signing Authorized Person(s) Detail

PRESIDENT

03/10/2015

## 2015 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

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

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

Certificate of Status Desired: No

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.

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SIGNATURE	: FRED CIESLAK			03/10/2015
	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	

FILED Mar 10, 2015 Secretary of State CC9504280920

Date