

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000052833

**Entity Name:** ICON MEDICAL SUPPLIES U.S.A. LLC

**Current Principal Place of Business:**

782 N.W. LE JEUNE RD.,  
SUITE 205  
MIAMI, FL 33126

**Current Mailing Address:**

782 N.W. LE JEUNE RD.,  
SUITE 205  
MIAMI, FL 33126 US

**FEI Number:** 45-5153516

**Certificate of Status Desired:** No

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

FLEITAS, ROBERTO FJR  
782 N.W. LE JEUNE RD.,  
530  
MIAMI, FL 33126 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name KASABDJI, FERNANDO  
Address 782 N.W. LE JEUNE RD., SUITE 4  
City-State-Zip: MIAMI FL 33126

Title MANAGER  
Name VALDIVIA, ADA  
Address 782 N.W. LE JEUNE RD.,  
SUITE 205  
City-State-Zip: MIAMI FL 33126

*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:** FERNANDO KASABDJI

**MGR**

**04/19/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date