

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000069706

Entity Name: PROFFETIONAL ICON LLC**Current Principal Place of Business:**2600 S DOUGLAS ROAD
STE 913
CORAL GABLES, FL 33134**Current Mailing Address:**2600 S DOUGLAS ROAD
STE 913
CORAL GABLES, FL 33134 US**FEI Number:** 81-2229077**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INTERNATIONAL CORPORATE SERVICE, INC.
2600 S DOUGLAS ROAD
SUITE 913
CORAL GABLES, FL 33134 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 MERINO, JORGE
Address 2600 S DOUGLAS ROAD SUITE 913
City-State-Zip: CORAL GABLES FL 33134-6142

Title MGR
Name GOMEZ BEGINES, ANTONIO
Address 2600 S DOUGLAS ROAD
STE 913
City-State-Zip: CORAL GABLES FL 33134-6142

Title MGR
Name VELASQUEZ, MARIA CATALINA
Address 2600 S DOUGLAS ROAD, SUITE 913
City-State-Zip: CORAL GABLES FL 33134

Title MGR
Name INTERNATIONAL ADVISORS
SERVICE, LLC
Address 2600 S DOUGLAS ROAD SUITE 913
City-State-Zip: CORAL GABLES FL 33134-6142

Title MGR
Name SANCHEZ PEREZ, MARIANA
Address 2600 S DOUGLAS ROAD
STE 913
City-State-Zip: CORAL GABLES FL 33134-6142

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: SANCHEZ PEREZ , MARIANA

MGR

04/19/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date