

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000002890 1. Entity Name MRDM ICOT, L.L.C.	
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Principal Place of Business 5019 WHISTLING PINES CT WESLEY CHAPEL, FL 33544	Mailing Address 5019 WHISTLING PINES CT WESLEY CHAPEL, FL 33544
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DO NOT WRITE IN THIS SPACE



01282008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 11-9609552	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ALAN S. GASSMAN, P.A. 1245 COURT STREET, STE 102 CLEARWATER, FL 33756
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**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable (If 201 - Registered Agent signature required with this statement)

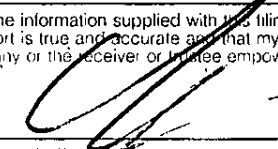
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000825581
02/21/08-80016-007 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSD MELI, MICHAEL 5019 WHISTLING PINES CT WESLEY CHAPEL, FL 33544
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **1/30/08** **813-355-1658**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE