

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000001499

1. Entity Name
ICS INTERNATIONAL CONSULTING SERVICES, LLC



Principal Place of Business
4011 NORTH HERIDIAN
APT #36
MIAMI BEACH, FL 33140

Mailing Address
4011 NORTH HERIDIAN
APT #36
MIAMI BEACH, FL 33140



03172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1110643

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAZ, ANGELICA
4011 NORTH HERIDIAN AV. APT. 36
MIAMI BEACH, FL 33140

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000092663
03/19/04-80017-020 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PAZ, ANGELICA
STREET ADDRESS	4011 NORTH MERIDIAN AV. #36
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	MGR
NAME	TOSUNIAN, SERGIO
STREET ADDRESS	4011 NORTH MERIDIAN AV. #36
CITY- ST- ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

03/16/04

Date

Daytime Phone #