FILED 2002 UNIFORM BUSINESS REPORT (UBR) Sep 08, 2002 8:00 am Secretary of State DOCUMENT # L01000016080 1. Entity Name 09-08-2002 90125 006 ****50 00 ICON ELECTRIC, L.L.C. Principal Place of Business Mailing Address 213 MCCOY DRIVE 213 MCCOY DRIVE LAKE PLACID FL 33852 LAKE PLACID FL 33852 US US 2. Principal Place of Business 3. Mailing Address Same As Above Same As Above Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3751446 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Jeffrey J. Wetzel WETZEL, DEBORAH S Street Address (P.O. Box Number is Not Acceptable) 213 McCoy Drive 213 MCCOY DRIVE LAKE PLACID FL 33852 33852-6807 Lake Placid, Florida City Lake Placid, 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. September 7th 2002 Jeffrey J. Wetzel SIGNATURE NOTE: Regulered Agent signal are required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By September 25, 2002 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES **MGRM** ☐ Delete TITLE ☐ Change Addition WETZEL, JEFFREY J NAME STREET ADDRESS 213 MCCOY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PLACID FL 33852 TITLE MGRM Delete TITLE ☐ Change ☐ Addition NAME WETZEL, CHARLES D NAME STREET ADDRESS 213 MCCOY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LAKE PLACID FL 33852 MGRM----TITLE ☐ Delete TITLE ☐ Change Addition BASSETT, GREGORY L NAME NAME STREET ADDRESS 1616 5TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SEBRING FL 33875** TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

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

Data Paging Phone #

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