

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000013596

1. Entity Name
ICON DISTRIBUTION, LLC



Principal Place of Business
**3956 TOWN CENTER BLVD, SUITE 122
ORLANDO FL 32837**

Mailing Address
**3956 TOWN CENTER BLVD, SUITE 122
ORLANDO FL 32837**



04282005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
72-1566600

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FLICK, JAMES J
608 EAST CENTRAL BLVD.
ORLANDO, FL 32801**

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARMA, ASHEEM 3956 TOWN CENTER BLVD., 22 ORLANDO, FL 32837
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHARMA, IRENE 3956 TOWN CENTER BLVD., 22 ORLANDO, FL 32837
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05/04/05-80029-010 50.00

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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

4-28-05

Date

407-859-9846

Daytime Phone #