

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 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



04102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number

72-1566600

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SHARMA, ASHEEM
STREET ADDRESS 3956 TOWN CENTER BLVD., 22
CITY-ST-ZIP ORLANDO, FL 32837

TITLE MGRM
NAME SHARMA, IRENE
STREET ADDRESS 3956 TOWN CENTER BLVD., 22
CITY-ST-ZIP ORLANDO, FL 32837

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000000516281
04/29/06-80243-009 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 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:

Asheem Sharma

4-11-06

407-859-9846

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

Date

Daytime Phone #