

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013596

Entity Name: ICON DISTRIBUTION, LLC

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

3956 TOWN CENTER BLVD., SUITE 122
ORLANDO, FL 32837

New Principal Place of Business:

8815 CONROY WINDERMERE RD.
231
ORLANDO, FL 32835

Current Mailing Address:

3956 TOWN CENTER BLVD., SUITE 122
ORLANDO, FL 32837

New Mailing Address:

8815 CONROY WINDERMERE RD.
231
ORLANDO, FL 32835

FEI Number: 72-1566600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHARMA, IRENE
11027 CONISTON WAY
WINDERMERE, FL 34786 US

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.

SIGNATURE: IRENE SHARMA

05/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHARMA, ASHEEM
Address: 3956 TOWN CENTER BLVD., SUITE 122
City-St-Zip: ORLANDO, FL 32837

Title: MGRM () Delete
Name: SHARMA, IRENE
Address: 3956 TOWN CENTER BLVD., SUITE 122
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHARMA, ASHEEM
Address: 8815 CONROY WINDERMERE RD. STE 231
City-St-Zip: ORLANDO, FL 32835

Title: MGRM (X) Change () Addition
Name: SHARMA, IRENE
Address: 8815 CONROY WINDERMERE RD. STE 231
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IRENE SHARMA

MGRM

05/01/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date