

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000013596

Entity Name: ICON DISTRIBUTION, LLC

**FILED**  
**May 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8815 CONROY WINDERMERE RD.  
231  
ORLANDO, FL 32835

**New Principal Place of Business:**

11027 CONISTON WAY  
WINDERMERE, FL 34786

**Current Mailing Address:**

8815 CONROY WINDERMERE RD.  
231  
ORLANDO, FL 32835

**New Mailing Address:**

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:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHARMA, ASHEEM  
Address: 11027 CONISTON WAY  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM  
Name: SHARMA, IRENE  
Address: 11027 CONISTON WAY  
City-St-Zip: WINDERMERE, FL 34786

I hereby 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

05/01/2010

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