

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 14, 2004 8:00 am
Secretary of State

05-14-2004 90447 040 ****50.00

DOCUMENT # L03000020556

1. Entity Name

IKONOS, LLC



Principal Place of Business

8225 NW 68 ST
3
MIAMI FL 33166

Mailing Address

8225 NW 68 ST
3
MIAMI FL 33166

2. Principal Place of Business

10039 SW. 156 AVE

3. Mailing Address

10039 SW. 156 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami, FL 33196

City, & State

Miami, FL

City, & State

Miami, FL

Zip 33196

Country USA

Zip 33196

Country USA

4. FEI Number

20-0081296

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CIAMMARICONE, VERONICA
10581 SW 155 CT
1217
MIAMI FL 33196

7. Name and Address of New Registered Agent

Name CIAMMARICONE, VERONICA

Street Address (P.O. Box Number is Not Acceptable)

10039 SW. 156 AVE

City Miami

FL

Zip Code 33196

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

04/03/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CIAMMARICONE, VERONICA
STREET ADDRESS 10581 SW 155 CT #1217
CITY-ST-ZIP MIAMI FL 33196 ☐ Delete

TITLE MGR
NAME CIAMMARICONE, ROSARIO
STREET ADDRESS AV 7 QUINTA PAPUCHO ALTO PRADO
CITY-ST-ZIP CARACAS, MI 1080 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

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

04/03/04 786-2869781

Date

Daytime Phone #