

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000013631

Entity Name: ICOM HOLDINGS LLC

FILED
Dec 05, 2005
Secretary of State

Current Principal Place of Business:

1455 NORTH PARK DR
WESTON, FL 33326

New Principal Place of Business:

2477 PROVENCE CIRCLE
WESTON, FL 33327 US

Current Mailing Address:

2665 S BAYSHORE DR, STE 703
MIAMI, FL 33133

New Mailing Address:

2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133 US

FEI Number: 20-3879749 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:

WORLD CORPORATE SERVICES, INC.
2665 S BAYSHORE DR, STE 703
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

WORLD CORPORATE SERVICES, INC.
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133 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: ELENA DIAZ

12/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ICOM MANAGEMENT INC.,
Address: 1455 NORTH PARK DR
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PENDLAND, GWENDOLYN C
Address: 2477 PROVENCE CIRCLE
City-St-Zip: WESTON, FL 33327 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GWENDOLYN CAMILLE PENDLAND

MGRM

12/05/2005

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