

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013631

1. Entity Name
ICOM HOLDINGS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 MAY -6 AM 10:44

Principal Place of Business
2477 PROVENCE CIRCLE
WESTON, FL 33327 US

Mailing Address
2665 SOUTH BAYSHORE DRIVE
SUITE 703
MIAMI, FL 33133 US



2. Principal Place of Business - No P.O. Box #
4581 Weston Road

3. Mailing Address

Suite, Apt. #, etc.
#357

Suite, Apt. #, etc.

04252008 Chg-LLC CR2E083 (12/06)

City & State
Weston, FL

City & State

4. FEI Number
20-3879749

Applied For
Not Applicable

Zip
33331

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PENDLAND, GWENDOLYN C
STREET ADDRESS 2477 PROVENCE CIRCLE
CITY-ST-ZIP WESTON, FL 33327

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition
NAME Pendland, Gwendolyn
STREET ADDRESS 4581 Weston Road, #357
CITY-ST-ZIP Weston, FL 33331

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

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

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.

Timothy D. Richards

4/28/08

(305) 858-9900

SIGNATURE: *Timothy D. Richards*

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

Date

Daytime Phone #