

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2006 8:00 am
Secretary of State

05-22-2006 90209 024 ****50.00

DOCUMENT # L04000071247

1. Entity Name
I.C. SHARKS, LLC



Principal Place of Business
**13090 GANDY BOULEVARD
ST. PETERSBURG, FL 33702 US**

Mailing Address
**13090 GANDY BOULEVARD
ST. PETERSBURG, FL 33702 US**

30010964



DO NOT WRITE IN THIS SPACE

01062006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1688785

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO, FL 33771**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$60.00
Due by May 1, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STORMAN, BRIAN
STREET ADDRESS	13090 GANDY BOULEVARD
CITY-ST-ZIP	ST. PETERSBURG, FL 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: _____

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

Date

Daytime Phone #

BRIAN STORMAN 6/16/06 578-8845
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