

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90234 032 ***138.75

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DOCUMENT # L06000073773			
1. Entity Name IC3E TECHNOLOGY, LLC.			
Principal Place of Business 10165 BRENDON CIR ORLANDO, FL 32836 US		Mailing Address 10165 BRENDON CIR ORLANDO, FL 32836 US	
2. Principal Place of Business - No P.O. Box # 10165 BRENDON CIR Suite, Apt. #, etc.		3. Mailing Address 10165 BRENDON CIR Suite, Apt. #, etc.	
City & State ORLANDO, FL		City & State ORLANDO, FL	
Zip 32836	Country USA	Zip 32836	Country USA
6. Name and Address of Current Registered Agent LIN, SHIHCHYE 10165 BRENDON CIR ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name LIN, SHIHCHYE Street Address (P.O. Box Number is Not Acceptable) 10165 BRENDON CIR City ORLANDO FL Zip Code 32836	
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		DATE	
Signature, typed or printed name of registered agent and title, if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIN, SHIHCHYE 10165 BRENDON CIR ORLANDO, FL 32836 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIN, SHIHCHYE 10165 BRENDON CIR ORLANDO, FL 32836 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date 3/21/08 407-455-0868	
Signature and typed or printed name of signing managing member, manager, or authorized representative		Date	