

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2007 8:00 am**  
**Secretary of State**

**DOCUMENT # L06000093955**

1. Entity Name  
**ICON FINANCIAL LLC**



05-07-2007 90618 001 \*\*\*\*50.00  
05-07-2007 90618 002 \*\*\*\*\*5.00

Principal Place of Business  
**6700 CONROY-WINDERMERE RD.  
#220  
ORLANDO, FL 32835**

Mailing Address  
**10045 COVE LAKE DR.  
ORLANDO, FL 32836**

**30007171**

2. Principal Place of Business - No P.O. Box #  
**6700 Conroy Windermere Rd**

3. Mailing Address  
**10045 Cove lake dr**

Suite, Apt. #, etc.  
**220**

Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State  
**ORL FL**

City & State  
**ORL FL**

4. FEI Number  
**84-1717186**

Applied For  
Not Applicable

Zip  
**32835**

Country  
**USA**

Zip  
**32836**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**BAHAMONDE, STEVEN  
10045 COVE LAKE DR.  
ORLANDO, FL 32836**

**7. Name and Address of New Registered Agent**

Name **Steven Bahamonde**

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

**10045 Cove Lake Dr**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BAHAMONDE, STEVEN  
10045 COVE LAKE DR.  
ORLANDO, FL 32836** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CASANAS, LUIS  
6700 CONROY WINDERMERE RD. #220  
ORLANDO, FL 32835** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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☐ Delete

**10. ADDITIONS/CHANGES**

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

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

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CITY-ST-ZIP  
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**5/1/07 407-948-8157**