

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094028

FILED
Apr 15, 2009
Secretary of State

Entity Name: INTERCONTINENTAL MANAGEMENT SOLUTIONS LLC

Current Principal Place of Business:

440 FONTANA CIR
SUITE 208
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

440 FONTANA CIR
SUITE 208
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 20-5604050

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELHAYEK, HASSAN C
440 FONTANA CIR, STE 208
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

ELHAYEK, HASSAN
440 FONTANA CIR, STE 208
OVIEDO, FL 32765 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: HASSAN ELHAYEK

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PIEDRAHITA, JUAN C
Address: 440 FONTANA CIR, STE 208
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: ELHAYEK, HASSAN
Address: 440 FONTANA CIR, STE 208
City-St-Zip: OVIEDO, FL 32765

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PIEDRAHITA, JUAN C
Address: 10605 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33449

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: PIEDRAHITA, LUCY A
Address: 10605 VERSAILLES BLVD
City-St-Zip: WELLINGTON, FL 33449

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: HASSAN ELHAYEK

D

04/15/2009

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