

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025372

Entity Name: ICO EQUITY SOLUTIONS, LLC

FILED
Feb 04, 2009
Secretary of State

Current Principal Place of Business:

5472 1ST COAST HIGHWAY
SUITE ONE
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

Current Mailing Address:

5472 1ST COAST HIGHWAY
SUITE ONE
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, HUGH E
5472 1ST COAST HIGHWAY
SUITE ONE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, HUGH E
Address: 5472 1ST COAST HIGHWAY, SUITE ONE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM () Delete
Name: OLIVER, GRAEME D
Address: 1826 OCEAN VILLAGE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

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

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

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: HUGH E. WILLIAMS

MM

02/04/2009

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