

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

04-23-2008 90182 001 ***277.50

DOCUMENT # L07000052007 1. Entity Name ICM SEVILLE, LLC					
Principal Place of Business 3485 N. MOORING WAY COCONUT GROVE, FL 33133			Mailing Address 701 BRICKELL AVENUE, STE 3000 MIAMI, FL 33131		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3485 N. Mooring Way			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Coconut Grove, FL		4. FEI Number 26-0244553	
Zip 33133	Country USA	5. Certificate of Status Desired ☐		☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410			7. Name and Address of New Registered Agent Name Eduardo Rodriguez Street Address (P.O. Box Number is Not Acceptable) 3485 N. Mooring Way City Coconut Grove FL Zip 33133		
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 file if applicable		DATE 4.19.08 (NOTE: Registered Agent signature required when re-registering)			
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	MGR RODRIGUEZ, EDUARDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTERO, ARMANDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTERO, ARMANDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MONTERO, ARMANDO 3485 N. MOORING WAY COCONUT GROVE, FL 33133	☐ Delete			
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 4.19.08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					