

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000070542

Entity Name: ICANDI PRODUCTS, LLC

**FILED**  
**May 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

900 LINTON BLVD., SUITE 203  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

5255 NORTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33487

**Current Mailing Address:**

900 LINTON BLVD., SUITE 203  
DELRAY BEACH, FL 33444

**New Mailing Address:**

5255 NORTH FEDERAL HIGHWAY  
SUITE 300  
BOCA RATON, FL 33487

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SWIDERSKI, DIYNA  
900 LINTON BLVD  
SUITE 203  
DELRAY BEACH, FL 33444 US

**Name and Address of New Registered Agent:**

SWIDERSKI, DIYNA  
5255 NORTH HIGHWAY  
SUITE 300  
BOCA RATON, FL 33487 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/14/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SMOLENS, IRA  
Address: 5255 NORTH FEDERAL HIGHWAY, SUITE 300  
City-St-Zip: BOCA RATON, FL 33487

I hereby 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: IRA SMOLENS

MGR

05/14/2010

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