

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036228

FILED
Apr 23, 2009
Secretary of State

Entity Name: INTERNATIONAL CONSULTANTS OF AMERICA, LLC

Current Principal Place of Business:

1831 WEST CENTRAL BLVD.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

901 WATERSIDE LANE #209
CLEBRATION, FL 34747

New Mailing Address:

901 WATERSIDE LANE
SUITE 209
CLEBRATION, FL 34747

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LIVINGSTON, DEBORAH
901 WATERSIDE LANE #209
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

LIVINGSTON, DEBORAH
901 WATERSIDE LANE
SUITE 209
CELEBRATION, FL 34747 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:

04/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIVINGSTON, DEBORAH
Address: 901 WATERSIDE LANE #209
City-St-Zip: CELEBRATION, FL 347474870

Title: MGRM () Delete
Name: HAMMOUDA, RIDHA BEN
Address: 901 WATERSIDE LANE #209
City-St-Zip: CELEBRATION, FL 347474870

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: BEN HAMMOUDA, RIDHA
Address: 901 WATERSIDE LANE #209
City-St-Zip: CELEBRATION, FL 347474870

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: RIDHA BEN HAMMOUDA

MGRM

04/23/2009

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