

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069736

FILED
Apr 30, 2009
Secretary of State

Entity Name: INTERNATIONAL CONSUMER ASSISTANCE NETWORK, LLC

Current Principal Place of Business:

1314 EAST LAS OLAS BOULEVARD, SUITE 180
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

1314 EAST LAS OLAS BOULEVARD
SUITE #180
FORT LAUDERDALE, FL 33301

Current Mailing Address:

1314 EAST LAS OLAS BOULEVARD, SUITE 180
FORT LAUDERDALE, FL 33301

New Mailing Address:

1314 EAST LAS OLAS BOULEVARD
SUITE #180
FORT LAUDERDALE, FL 33301

FEI Number: 80-0220274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CONDIT, STEVEN J.
1314 EAST LAS OLAS BOULEVARD, SUITE 180
FORT LAUDERDALE, FL 33301 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: MGR () Delete
Name: CONDIT, STEVEN J.
Address: 20055 LARINO LOOP
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: OCCHIUZZO, DAVID
Address: 1314 EAST LAS OLAS BOULEVARD, SUITE 180
City-St-Zip: FORT LAUDERDALE, FL 33301

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: DAVID T. OCCHIUZZO

MGRM

04/30/2009

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