

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001954

1. Entity Name
ICON FINANCIAL L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
1313 8TH AVENUE, SUITE 300
TAMPA FL 33602

Mailing Address
1313 8TH AVENUE, SUITE 300
TAMPA FL 33602

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2. Principal Place of Business
1305 N. Florida Ave
Suite, Apt. #, etc.
Tampa FL
City & State

3. Mailing Address
Same
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip
33602 Country
USA

Zip Country

4. FEI Number ☒ Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THEOFILOS, JOHN S
1313 8TH AVENUE, SUITE 300
TAMPA FL 33602

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME THEOFILOS, JOHN S
STREET ADDRESS 1313 8TH AVENUE, SUITE 300
CITY-ST-ZIP TAMPA FL 33602

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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

7/7/2000 213 2480573
Date Daytime Phone #

CR2E083 (5/00)