
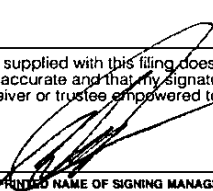


# 2005 LIMITED LIABILITY COMPANY -- REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 12 AM 10:56

<b>DOCUMENT # M02000000163</b> 1. Entity Name <b>ICON SPK 2023-A LLC</b>					
Principal Place of Business <b>100 FIFTH AVE., 10TH FLOOR NEW YORK, NY 10011</b>			Mailing Address <b>100 FIFTH AVE., 10TH FLOOR NEW YORK, NY 10011</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>30-0014835</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$200.00			Make check payable to <b>Florida Department of State</b>		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <b>ICON CAPITAL CORP. 100 FIFTH AVE., 10TH FLOOR NEW YORK, NY 10011</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			5/3/2005 212 418 4100		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

Michael A. Resnier, Secretary, Manager