

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

92 FEB 25 AM 10:25

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M97000000514**

ICON MANAGEMENT GROUP, LLC
938 KERWOOD CIRCLE
OVIEDO FL 32765

99-AR
CM

1a. Principal Place of Business Address
938 KERWOOD CIRCLE
OVIEDO FL 32765

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified
08/19/1997

3a. State of Formation
CO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For

☐ Not Applicable

91-1801651

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

03/02/1998

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent/Office

WELLS, WILLIAM E II
938 KERWOOD CIRCLE
OVIEDO FL 32765

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a Group)

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGR

WELLS, WILLIAM E

938 KERWOOD CIRCLE

OVIEDO FL

3010002795233-9
-03/05/99--01006--003
****188.75 ****188.75

11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPE OR PRINTED NAME OF GROUP, MANA AND MEMBER OR MANAGER

Date

Exhibit Page #