

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000020556

**Entity Name:** IKONOS, LLC

**Current Principal Place of Business:**

4736 NW 114 AVE  
206  
MIAMI, FL 33178

**Current Mailing Address:**

4736 NW 114 AVE  
206  
MIAMI, FL 33178 US

**FEI Number:** 20-0081296

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CIAMMARICONE, VERONICA  
4736 NW 114 AVE  
206  
MIAMI, FL 33178 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CIAMMARICONE, VERONICA  
Address 4736 NW 114 AVE  
206  
City-State-Zip: DORAL FL 33178

Title MGR  
Name PUNTES LLINARES, ROSARIO  
Address 4736 NW 114 AVE  
206  
City-State-Zip: DORAL FL 33178

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VERONICA CIAMMARICONE

**MANAGER**

**03/05/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date