

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114559

**Entity Name:** 5504 ICON, LLC

**Current Principal Place of Business:**

495 BRICKELL AVENUE  
UNIT 5504  
MIAMI, FL 33131

**Current Mailing Address:**

1190 S. LEJEUNE ROAD  
MIAMI, FL 33134 US

**FEI Number:** 80-0522321

**Certificate of Status Desired:** No

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

NELSON A. RODRIGUEZ-VARELA, P.A.  
1190 S. LEJEUNE ROAD  
MIAMI, FL 33134 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	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	RONDON MENDEZ, OSCAR	Name	FERNANDEZ MARTINEZ, SOFIA
Address	PO BOX 565147	Address	PO BOX 565147
City-State-Zip:	MIAMI FL 33256-5147	City-State-Zip:	MIAMI FL 33256-5147

*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:** RONDON MENDEZ, OSCAR

AMBR

01/15/2019

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

\_\_\_\_\_  
Date