

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067675

**Entity Name:** ICON SLS, LLC

**Current Principal Place of Business:**

1550 MADRUGA AVENUE  
230  
CORAL GABLES, FL 33146

**Current Mailing Address:**

1550 MADRUGA AVENUE  
230  
CORAL GABLES, FL 33146 US

**FEI Number:** 47-3759607

**Certificate of Status Desired:** No

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

SHAPIRO, JASON  
1550 MADRUGA AVENUE  
230  
CORAL GABLES, FL 33146 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 SHAPIRO, JASON  
Address 1550 MADRUGA AVENUE- SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

Title MGR  
Name SUCHMAN, LAWRENCE E  
Address 1550 MADRUGA AVENUE- SUITE 230  
City-State-Zip: CORAL GABLES FL 33146

*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:** LAWRENCE SUCHMAN

**MANAGER**

**03/03/2016**

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

\_\_\_\_\_  
Date