

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000177631

**Entity Name:** ICON PARTNERS LLC

**Current Principal Place of Business:**

8870 KING LEAR CT.  
FORT MYERS, FL 33908

**Current Mailing Address:**

8870 KING LEAR CT.  
FORT MYERS, FL 33908 US

**FEI Number:** 30-0886097

**Certificate of Status Desired:** Yes

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

BUSINESS FILING INCORPORATED  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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 MBR  
Name VEST, DEREK  
Address 8870 KING LEAR CT.  
City-State-Zip: FORT MYERS FL 33908

Title SECRETARY  
Name VEST, BELLA ELIZABETH  
Address 8870 KING LEAR CT.  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name BOLIEK, ERICA LEIGH  
Address 8870 KING LEAR CT.  
City-State-Zip: FORT MYERS FL 33908

*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:** DEREK VEST

**PRESIDENT**

**08/18/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date