Form LLC-50.1

Secretary of State

Department of Business Services Limited Liability Division 501 S. Second St., Rm. 351 Springfield, IL 62756 217-524-8008 www.ilsos.gov

Illinois Limited Liability Company Act Annual Report

Filing Fee: 75.00
Series Fee, if required:
Penalty: 0.00
Total: 75.00

FILE# 08360669

Due prior to: 12/01/2023

FILED

November 19, 2023

Alexi Giannoulias Secretary of State

1.	Limited Liability Company Name: ICON HOSPITALITY LLC					
	Registered Agent:_	HAARIS PE	RVAIZ			
	<u>;</u>	2658 W. DE	VON AVE			
	_	CHICAGO,	L 60659			
2.	State or Country of Organization: <u>IL</u>		Date	Date Organized in or Admitted to Illinois: 12/23/2019		
3.	Address of Principal Place of Business:					
	2658 W DEVON AVE		CHICAGO, IL 60659			
4.	Name and business address of all managers and any member having the authority of manager: PERVAIZ, HAARIS 2553 W DEVON AVE CHICAGO, IL 60659					
5.	Entity managers aff	irm their cur	rent existence.			
6.	Changes to the registered agent and/or registered office must be submitted on Form LLC-1.36/1.37.					
7.	I affirm, under penalties of perjury, having authority to sign thereto, that this Annual Report is to the best of my knowledge and belief, true, correct and complete.					
				Dated:	November 19	,2023
					Month/Day	Year
ļ	PERVAIZ, HAARIS					
	MANAGER			Name		
	VIAINAGLIN			Title		
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			If applicant is a company of	r other entity stat	e Name of Company	