

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025868

**Entity Name:** ICONSTRUCTORS TI, LLC

**Current Principal Place of Business:**

ONE TAMPA CITY CENTER,  
SUITE 200  
TAMPA, FL 33602

**Current Mailing Address:**

ONE TAMPA CITY CENTER,  
SUITE 200  
TAMPA, FL 33602 US

**FEI Number:** 27-2126885

**Certificate of Status Desired:** No

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

ADAMS, DAVID  
2109 EAST PALM AVENUE  
SUITE 300A  
TAMPA, FL 33605 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 HEALY, ROBERT W  
Address ONE TAMPA CITY CENTER,  
SUITE 200  
City-State-Zip: TAMPA FL 33602

Title VP, SECRETARY  
Name MONTECALVO, MICHAEL J  
Address ONE TAMPA CITY CENTER,  
SUITE 200  
City-State-Zip: TAMPA FL 33602

Title TREASURER  
Name PRITCHARD, TRACY L  
Address ONE TAMPA CITY CENTER,  
SUITE 200  
City-State-Zip: TAMPA FL 33602

*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:** ROBERT W HEALY

MGR

03/09/2023

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

\_\_\_\_\_  
Date