

2020 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
1925 EAST SECOND AVENUE
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	Title	VP, SECRETARY
Name	HEALY, ROBERT W	Name	MONTECALVO, MICHAEL J
Address	ONE TAMPA CITY CENTER, SUITE 200	Address	ONE TAMPA CITY CENTER, SUITE 200
City-State-Zip:	TAMPA FL 33602	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

02/10/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date