

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025868

**Entity Name:** ICONSTRUCTORS TI, LLC

**Current Principal Place of Business:**

2502 N. ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607

**Current Mailing Address:**

2502 N. ROCKY POINT DRIVE  
SUITE 1000  
TAMPA, FL 33607 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 MGRM  
Name HEALY, ROBERT W  
Address 2502 N. ROCKY POINT DRIVE, SUITE  
1000  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name MONTECALVO, MICHAEL J  
Address 2502 N. ROCKY POINT DRIVE, SUITE  
1000  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name PRITCHARD, TRACY L  
Address 2502 N. ROCKY POINT DRIVE, SUITE  
1000  
City-State-Zip: TAMPA FL 33607

*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

MGRM

04/08/2015

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

\_\_\_\_\_  
Date