

**2022 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,<br>SUITE 200 |
| City-State-Zip: | TAMPA FL 33602                      |

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

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | TREASURER                           |
| Name            | PRITCHARD, TRACY L                  |
| Address         | ONE TAMPA CITY CENTER,<br>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****04/29/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date