

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069309

Entity Name: ICONA3, LLC**Current Principal Place of Business:**9801 289TH STREET EAST
MYAKKA CITY, FL 34251**Current Mailing Address:**9801 289TH STREET EAST
MYAKKA CITY, FL 34251**FEI Number:** 45-5496812**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAKIN, KAREN ESPINOLA
9801 289TH STREET EAST
MYAKKA CITY, FL 34251 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	DIRECTOR
Name	DAKIN, KAREN
Address	9801 289TH STREET EAST
City-State-Zip:	MYAKKA CITY FL 34251

Title	DIRECTOR
Name	DAKIN, ALEXANDRA
Address	9801 289TH ST E
City-State-Zip:	MYAKKA CITY FL 34251

Title	DIRECTOR
Name	CLAYBORNE, LISA E
Address	6211 TWIN LAKES COURT
City-State-Zip:	CLIFTON VA 20124

Title	DIRECTOR
Name	JANET, STEUBER T
Address	13225 STABLE BROOK WAY
City-State-Zip:	HERNDON VA 20171

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: KAREN DAKIN**DIRECTOR****04/15/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date