

**2018 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           BANGER, ALEX  
Address        10459 MYAKKA BLVD  
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**

**04/19/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date