# 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: JOHN JAMES

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

### 04/30/2017

Date

#### 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000208176

Entity Name: ICRE8VE, LLC

#### **Current Principal Place of Business:**

3343 PORT ROYALE DR. S. #435 FORT LAUDERDAE , FL 33308

#### **Current Mailing Address:**

7840 HILLMONT DR. OAKLAND, CA 94605

#### FEI Number: 81-4507198

#### Name and Address of Current Registered Agent:

TRIGG, BRITTNEY 3343 PORT ROYALE DR. S. #435 FORT LAUDERDAE, FL 33308 US Certificate of Status Desired: No

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:	BRITTNEY TRIGG			04/30/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AMBR	Title	AMBR	
Name	JAMES, JOHN	Name	JAMES, ALLISON	
Address	7840 HILLMONT DR.	Address	7840 HILLMONT DR.	
City-State-Zip:	OAKLAND CA 94605	City-State-Zip:	OAKLAND CA 94605	

## FILED Apr 30, 2017 Secretary of State CC8124569705