

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000001607

**Entity Name:** 29 ICD, LLC

**Current Principal Place of Business:**

1800 MENDON RD - STE E 292  
CUMBERLAND, RI 02864

**Current Mailing Address:**

1800 MENDON RD - STE E 292  
CUMBERLAND, RI 02864 US

**FEI Number:** 81-4867248

**Certificate of Status Desired:** No

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

INCORPORATING SERVICES, LTD.  
1540 GLENWAY DRIVE  
TALLAHASSEE, FL 32301 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 AMBR  
Name V & M 184 LLC  
Address 1800 MENDON RD - STE E 292  
City-State-Zip: CUMBERLAND RI 02864

*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:** JASON HALPERN

**MEMBER**

**03/02/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date