

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000013200

**Entity Name:** INNOVATION CENTER OF THE AMERICAS, LLC

**Current Principal Place of Business:**

2665 S. BAYSHORE DRIVE  
SUITE 1200  
MIAMI, FL 33133

**Current Mailing Address:**

2665 S. BAYSHORE DRIVE  
SUITE 1200  
MIAMI, FL 33133

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

J.L. HOFMANN & ASSOCIATES, P.A.  
420 S. DIXIE HIGHWAY  
4B  
CORAL GABLES, FL 33146 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 AUTHORIZED REPRESENTATIVE  
Name BRIAN, GOODKIND KEITHER  
Address 4121 LA PLAYA BLVD  
City-State-Zip: MIAMI FL 33133

*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:** BRIAN GOODKIND

**AUTHORIZED  
REPRESENTATIVE**

**07/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date