

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000014119

Entity Name: ICR PROFESSIONAL CENTER, LLC

Current Principal Place of Business:

819 E 1ST STREET
SUITE 6
SANFORD, FL 32771

Current Mailing Address:

819 E 1ST STREET
SUITE 6
SANFORD, FL 32771

FEI Number: 82-4116486

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASTEEL, HAROLD D JR
760 OAK TERRACE
ORANGE CITY, FL 32763 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 | MGR | Title | MGR |
| Name | CASTEEL, HAROLD D JR | Name | CASTEEL, BRIAN D |
| Address | 819 E 1ST STREET, SUITE 6 | Address | 819 E 1ST STREET, SUITE 6 |
| City-State-Zip: | SANFORD FL 32771 | City-State-Zip: | SANFORD FL 32771 |

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: HAROLD DAVID CASTEEL JR

MEMBER

01/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date