

**2019 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**

**02/04/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date