

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000252394

**Entity Name:** ICM THEATRE LLC

**Current Principal Place of Business:**

4035 EMBERS LANDING  
PENSACOLA, FL 32505

**Current Mailing Address:**

4035 EMBERS LANDING  
PENSACOLA, FL 32505 US

**FEI Number:** 83-2388234

**Certificate of Status Desired:** Yes

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

CHRISTINA POWERS TAX  
4035 EMBERS LANDING  
PENSACOLA, FL 32505 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           MANAGER  
Name           DICKSON, NICOLE M  
Address        4035 EMBERS LANDING  
City-State-Zip: PENSACOLA FL 32505

Title           AUTHORIZED REPRESENTATIVE  
Name           SCHOFIELD, RALPH HAMILTON JR.  
Address        5260 WESTWIND CIRCLE  
City-State-Zip: PENSACOLA FL 32526

Title           AUTHORIZED MEMBER  
Name           HABECKER, CLAYTON J  
Address        5425 OLD BERRYHILL RD  
City-State-Zip: MILTON FL 32570

*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:** NICOLE M DICKSON

**MANAGER**

**04/14/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date