

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000062555

Entity Name: ICON INSURANCE CLAIMS ADVISORS LLC

Current Principal Place of Business:

19101 MYSTIC POINT DRIVE
2603
AVENTURA, FL 33180

Current Mailing Address:

PO BOX 3041
HALLANDALE BEACH, FL 33008 US

FEI Number: 83-4482326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ATTIA, JEREMY A
19101 MYSTIC POINT DRIVE
2603
AVENTURA, FL 33180 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 CEO
Name ATTIA, JEREMY A
Address 19101 MYSTIC POINT DR
City-State-Zip: AVENTURA FL 33180

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: JEREMY A ATTIA

PRESIDENT

07/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date