

**2021 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 ATTIA

CEO

05/06/2021

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

\_\_\_\_\_ Date