# 2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007438

Entity Name: ICON CHAD OWNER POOL 5 GA/FL, LLC

FILED
Apr 21, 2016
Secretary of State
CC4259077406

### **Current Principal Place of Business:**

TWO NORTH RIVERSIDE PLAZA SUITE 2350 CHICAGO, IL 60606

### **Current Mailing Address:**

TWO NORTH RIVERSIDE PLAZA SUITE 2350 CHICAGO, IL 60606 US

FEI Number: APPLIED FOR Certificate of Status Desired: No

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER

Name ICON MEZZ POOL 5 GA/FL, LLC
Address TWO NORTH RIVERSIDE PLAZA

**SUITE 2350** 

SIGNATURE: MICHELLE LAPELLE

City-State-Zip: CHICAGO IL 60606

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.

Electronic Signature of Signing Authorized Person(s) Detail

**ASSISTANT SECRETARY** 

04/21/2016

Date