

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108123

Entity Name: ICONSTRUCTORS, LLC**Current Principal Place of Business:**ONE TAMPA CITY CENTER,
SUITE 200
TAMPA, FL 33602**Current Mailing Address:**ONE TAMPA CITY CENTER,
SUITE 200
TAMPA, FL 33602 US**FEI Number:** 27-1273927**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMS, DAVID
1925 EAST SECOND AVENUE
TAMPA, FL 33605 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	MGRM
Name	HEALY, ROBERT W
Address	ONE TAMPA CITY CENTER, SUITE 200
City-State-Zip:	TAMPA FL 33602
Title	MGR
Name	SMITH, DAVID T
Address	ONE TAMPA CITY CENTER, SUITE 200
City-State-Zip:	TAMPA FL 33602

Title	MGR
Name	PRITCHARD, TRACY L
Address	ONE TAMPA CITY CENTER, SUITE 200
City-State-Zip:	TAMPA FL 33602

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: ROBERT W. HEALY

MGRM

02/10/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date