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.

MGRM

SIGNATURE: ROBERT W. HEALY

Electronic Signature of Signing Authorized Person(s) Detail

2022 FLORIDA LIMITED LIABILITY COMF	ANY 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

### Name and Address of Current Registered Agent:

ADAMS, DAVID 2109 EAST PALM AVENUE SUITE 300A 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

#### Authorized Person(s) Detail :

Additionized i erson(s) bedan .			
Title	MGRM	Title	MGR
Name	HEALY, ROBERT W	Name	PRITCHARD, TRACY L
Address	ONE TAMPA CITY CENTER, SUITE 200	Address	ONE TAMPA CITY CENTER, SUITE 200
City-State-Zip:	TAMPA FL 33602	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		

Certificate of Status Desired: No

FILED Apr 29, 2022 Secretary of State 9915690704CC

> 04/29/2022 Date

Date