

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107663

**Entity Name:** ICONBRICKELL 5405, LLC

**Current Principal Place of Business:**

4801 S.E. 11TH AVENUE  
OCALA, FL 34480

**Current Mailing Address:**

4801 S.E. 11TH AVENUE  
OCALA, FL 34480

**FEI Number:** 45-3342447

**Certificate of Status Desired:** No

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

STRUVE-DOERFLEIN, LINDA  
4801 S.E. 11TH AVENUE  
OCALA, FL 34480 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 MGR  
Name STRUVE-DOERFLEIN, LINDA  
Address 4801 S.E. 11TH AVENUE  
City-State-Zip: OCALA FL 34480

*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:** LINDA STRUVE-DOERFLEIN

MGR

01/27/2023

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

\_\_\_\_\_  
Date