

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000110289

**Entity Name:** ICM OF SANIBEL LLC

**Current Principal Place of Business:**

1039 PERIWINKLE WAY  
SANIBEL, FL 33957

**Current Mailing Address:**

1039 PERIWINKLE WAY  
SANIBEL, FL 33957 US

**FEI Number:** 47-4404253

**Certificate of Status Desired:** No

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

MUNGER, JOHN G  
1039 PERIWINKLE WAY  
SANIBEL, FL 33957 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                 | Title           | MGR                 |
| Name            | MUNGER, KIMBERLY D  | Name            | MUNGER, JOHN G      |
| Address         | 1039 PERIWINKLE WAY | Address         | 1039 PERIWINKLE WAY |
| City-State-Zip: | SANIBEL FL 33957    | City-State-Zip: | SANIBEL FL 33957    |

*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:** KIMBERLY MUNGER

**MM**

**01/25/2023**

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

\_\_\_\_\_  
Date