

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000055888

**Entity Name:** IECENTER INTERNATIONAL EXPERIENCE CENTER LLC

**Current Principal Place of Business:**

9128 STRADA PLACE SUITE 10115  
NAPLES, FL 34108

**Current Mailing Address:**

9128 STRADA PLACE SUITE 10115  
NAPLES, FL 34108 US

**FEI Number:** 81-1943328

**Certificate of Status Desired:** Yes

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

AGENTS AND CORPORATIONS, INC.  
300 FIFTH AVENUE SOUTH SUITE 101-330  
NAPLES, FL 34012 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	CEO	Title	MANAGER
Name	ILNICKI, BARTLOMIEJ	Name	KRAWCZYK, ANNA
Address	9128 STRADA PLACE SUITE 10115	Address	9128 STRADA PLACE SUITE 10115
City-State-Zip:	NAPLES FL 34108	City-State-Zip:	NAPLES FL 34108

*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:** BARTLOMIEJ ILNICKI

CEO

02/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date