

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000141704

Entity Name: ICAPAGE LLC**Current Principal Place of Business:**475 BRICKELL AVENUE UNIT 3409
MIAMI, FL 33131**Current Mailing Address:**475 BRICKELL AVENUE UNIT 3409
MIAMI, FL 33131 US**FEI Number:** 81-3423524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWMAN LAW, P.A.
8620 NE 2 AVENUE
MIAMI, FL 33138 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:** MARCI LOWMAN, PRES

04/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR (55% INTEREST)
Name PEREZ PIVARAL, IVAR D
Address 475 BRICKELL AVENUE UNIT 3409
City-State-Zip: MIAMI FL 33131

Title AMBR (25% INTEREST)
Name URRUTIA DE PEREZ, LUCRECIA C
Address 475 BRICKELL AVENUE UNIT 3409
City-State-Zip: MIAMI FL 33131

Title AMBR (10% INTEREST)
Name PEREZ URRUTIA, PAOLA C
Address 475 BRICKELL AVENUE UNIT 3409
City-State-Zip: MIAMI FL 33131

Title AMBR (10% INTEREST)
Name PEREZ URRUTIA, GENESIS G
Address 475 BRICKELL AVENUE UNIT 3409
City-State-Zip: MIAMI FL 33131

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: IVAR D PEREZ PIVARAL

AMBR

04/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date