

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000001889

Entity Name: IAP-ECC, LLC**Current Principal Place of Business:**6905 N. WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940**Current Mailing Address:**6905 N. WICKHAM ROAD
SUITE 500
MELBOURNE, FL 32940 US**FEI Number:** 27-3482268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 AUTHORIZED REPRESENTATIVE
Name TREPANIER, MICHELLE M.
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title MEMBER
Name BRINKS, ADRIAN
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title MEMBER
Name CHANCEY, MARK
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title MEMBER
Name HAYWARD, SCOTT
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title MEMBER
Name ROSEN, ROBERT
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

Title MEMBER
Name MOREAU, ROLAND
Address 6905 N. WICKHAM ROAD
SUITE 500
City-State-Zip: MELBOURNE FL 32940

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: MICHELLE M. TREPANIER**AUTHORIZED PERSON****02/06/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date