

2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M13000001889

Entity Name: IAP-ECC, LLC

Current Principal Place of Business:

7315 N ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920

Current Mailing Address:

7315 N ATLANTIC AVENUE
CAPE CANAVERAL, FL 32920 US

FEI Number: 27-3482268

Certificate of Status Desired: Yes

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 MANAGER
Name HAGGLUND, NEAL
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY
Name MONOKIAN, DUSTIN
Address 7315 N ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER
Name KLEM, LAURIE
Address 7315 N ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name DAVIS, MICHAEL
Address 7315 N ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name BRINKS, ADRIAN
Address 7315 N ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title ASST. SECRETARY
Name TREPANIER, MICHELLE
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER, CHAIRMAN
Name HARGIS, ROBERT
Address 7315 N. ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER
Name MOREAU, ROLAND
Address 7315 N ATLANTIC AVENUE
City-State-Zip: CAPE CANAVERAL FL 32920

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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 TREPANIER

ASST. SECRETARY

10/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	ALTERNATE MANAGER
Name	BARTTELT, ADAM
Address	7315 N ATLANTIC AVE
City-State-Zip:	CPE CANAVERAL FL 32920