

**2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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 MANAGER  
Name BRINKS, ADRIAN  
Address 6905 N. WICKHAM ROAD  
SUITE 500  
City-State-Zip: MELBOURNE FL 32940

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

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

Title MANAGER  
Name LIPOWITZ, KENNETH  
Address 6905 N. WICKHAM ROAD  
SUITE 500  
City-State-Zip: MELBOURNE FL 32940

Title MANAGER  
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  
REPRESENTATIVE**

**02/10/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

