## 2017 FOREIGN LIMITED LIABILITY COMPANY 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: 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

Date

**FILED** Feb 23, 2017

Secretary of State

CC0734906668

Authorized Person(s) Detail :

Title MGRM, CHAIRMAN Title **MGRM** 

NOHMER, FREDERICK Name Name CRAIG, DAVID

7315 N. ATLANTIC AVENUE 7315 NORTH ATLANTIC AVENUE Address Address

CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 City-State-Zip: City-State-Zip:

Title **MANAGER** Title MANAGER

Name SWEATT, GLENN Name POYANT, BRIAN

Address 7315 N ATLANTIC AVENUE Address 7315 N ATLANTIC AVENUE

CAPE CANAVERAL FL 32920 City-State-Zip: City-State-Zip: CAPE CANAVERAL FL 32920

Title ASST. SECRETARY Title **SECRETARY** 

Name TREPANIER, MICHELLE Name LUEJE. ANNA

Address 7315 N. ATLANTIC AVENUE Address 7315 N ATLANTIC AVENUE

City-State-Zip: CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 City-State-Zip:

Title **TREASURER** KLEM, LAURIE Name

7315 N ATLANTIC AVENUE Address City-State-Zip: CAPE CANAVERAL FL 32920

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.

02/23/2017 SIGNATURE: MICHELLE TREPANIER ASSISTANT SECRETARY

Electronic Signature of Signing Authorized Person(s) Detail