2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2021
Secretary of State
6268355233CC

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

Authorized Person(s) Detail :

Title	MANAGER
Name	BARTTELT, ADAM
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 ASSISTANT SECRETARY 04/30/2021

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