

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

01-24-2008 90065 011 ***150.00

DOCUMENT # L07000116027					
1. Entity Name GLACIERS CREAMERY LLC					
Principal Place of Business 10152 W INDIANTOWN RD SUITE 189 JUPITER, FL 33478 US			Mailing Address 10152 W INDIANTOWN RD SUITE 189 JUPITER, FL 33478 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01072008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 38-3768773				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LAUDICINA, GREGORY 10152 W INDIANTOWN RD SUITE 189 JUPITER, FL 33478			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAUDICINA, GREGORY 10152 W INDIANTOWN RD SUITE 189 JUPITER, FL 33478	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANNON, JONATHAN B 10152 W INDIANTOWN RD SUITE 189 JUPITER, FL 33478	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 606, Florida Statutes.			SIGNATURE: <i>Gregory Laudicina</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		