

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097533

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: CRAVINGS ITALIAN ICE AND ICE CREAM, L.L.C.

**Current Principal Place of Business:**

10055 SUNSET STRIP  
NOB HILL PLACE  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

10081 NW 13TH STREET  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 26-3546596

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PASTORESSA, ANGELO  
10081 NW 13TH STREET  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: PASTORESSA, ANGELO  
Address: 10081 NW 13TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGR ( ) Delete  
Name: ARNEMANN, SCOTT  
Address: 405 S.PINE ISLAND RD # 401  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: HOLDORF, TAMMY  
Address: 10081 NW 13TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGR ( ) Delete  
Name: PASTORESSA, JAMIE  
Address: 163 OREGON AVE  
City-St-Zip: MEDFORD, NY 11763

Title: MGRM ( ) Delete  
Name: HOLDORF, MICHAEL  
Address: 10081 NW 13TH STREET  
City-St-Zip: PLANTATION, FL 33322

Title: MGRM ( ) Delete  
Name: ARNEMANN, TRACI  
Address: 405 S.PINE ISLAND RD # 401  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANGELO PASTORESSA

MGR

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date