

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076775

**Entity Name:** GULF COAST ICE DISTRIBUTION, L.L.C.

**Current Principal Place of Business:**

3913 CHAIRES CROSSROAD  
TALLAHASSEE, FL 32317

**Current Mailing Address:**

3913 CHAIRES CROSSROAD  
TALLAHASSEE, FL 32317 76

**FEI Number:** 59-1781335

**Certificate of Status Desired:** No

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

PADGETT, TIMOTHY DESQ.  
2810 REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32308 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 MGR  
Name CURETON, BRYAN HMGR  
Address 211 MEADOW RIDGE  
City-State-Zip: TALLAHASSEE FL 32312

Title MGR  
Name RICORD, EDWARD EMGR  
Address 3913 CHAIRES CROSSROAD  
City-State-Zip: TALLAHASSEE FL 32317

Title MGR  
Name CURETON, PAUL TMGR  
Address 6023 OX BOTTOM MANOR DR  
City-State-Zip: TALLAHASSEE FL 32312

*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:** EDWARD RICORD

**MGR**

**02/02/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date