#### 0

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.

OWNER

SIGNATURE: CARLOS LEAL

Electronic Signature of Signing Authorized Person(s) Detail

# FEI Number: 47-2977019

## Name and Address of Current Registered Agent:

FABIAN, ALVAREZ F SR 5065 NW 74TH AVE SUITE 1 MIAMI, FL 33166 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	Title	MGR	
Name	FABIAN, ALVAREZ F SR	Name	LEAL, CARLOS MANUEL SR.	
Address	6643 SW 112 CT	Address	2333 BRICKELL AVE	
City-State-Zip:	MIAMI FL 33173		APT #809	
		City-State-Zip:	MIAMI FL 33129	

#### Certificate of Status Desired: No

FILED Jan 20, 2023 Secretary of State 8881016843CC

01/20/2023

Date

#### 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000192069

Entity Name: 2DOR GOURMET ICE LLC

## **Current Principal Place of Business:**

5065 NW 74TH AVE, SUITE #1 MIAMI, FL 33166

## **Current Mailing Address:**

5065 NW 74TH AVE SUITE 1 MIAMI, FL 33166 US