

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000192069

**Entity Name:** 2DOR GOURMET ICE LLC

**Current Principal Place of Business:**

9092 NW S RIVER DR  
57  
MIAMI, FL 33166

**Current Mailing Address:**

445 NW 4ST  
APT#1010  
MIAMI, FL 33128

**FEI Number:** 47-2977019

**Certificate of Status Desired:** No

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

FABIAN, ALVAREZ F SR  
445 NW 4ST  
APT#1010  
MIAMI, FL 33128 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	LIBIA, MARTINEZ L MS
Address	7575 SW 60TH ST	Address	7575 SW 60TH ST
City-State-Zip:	MIAMI FL 33143	City-State-Zip:	MIAMI FL 33143
Title	MGR		
Name	LEAL, CARLOS MANUEL SR.		
Address	445 NW 4ST APT#1010		
City-State-Zip:	MIAMI FL 33128		

*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:** CARLOS MANUEL LEAL

**MGR**

**04/26/2016**

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

\_\_\_\_\_  
Date