# SIGNATURE: CARLOS LEAL

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

# 2022 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

#### FEI Number: 47-2977019

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

Electronic Signature of 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:

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-Zin:	MIAMI FL 33173		APT #809
City-State-Zip.		City-State-Zip:	MIAMI FL 33129

AL PRESIDENT

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

# FILED Jan 10, 2022 Secretary of State 1270776822CC

Certificate of Status Desired: No

01/10/2022 Date

Date