## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000106148

Entity Name: T & D ALOHA SHAVE ICE, LLC

**Current Principal Place of Business:** 

5002 NORTH 39TH STREET TAMPA, FL 33610

**Current Mailing Address:** 

5002 NORTH 39TH STREET TAMPA, FL 33610

FEI Number: 47-4231267 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WARD, IRVING 3201 EAST ELM STREET TAMPA, FL 33610 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

FILED Apr 29, 2018

**Secretary of State** 

CC7079941865

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name ANDERSON, TRAVIA Name THOMPSON, DAVID

Address 5002 NORTH 39TH STREET Address 5002 NORTH 39TH STREET

City-State-Zip: TAMPA FL 33610 City-State-Zip: TAMPA FL 33610

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: DAVID THOMPSON

Electronic Signature of Signing Authorized Person(s) Detail

**PARTNER** 

04/29/2018 Date