

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000204707

Entity Name: THE ICE DOCTOR, LLC

Current Principal Place of Business:

6352 NW 18TH DRIVE
SUITE #1
GAINESVILLE, FL 32653

Current Mailing Address:

2919 NW 21ST TERRACE
GAINESVILLE, FL 32605 US

FEI Number: 81-0807499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHN ROBERTS, PA.
7 EAST SILVER SPRINGS BOULEVARD
SUITE 103
OCALA, FL 34470 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 AR
Name AMRON, ANDREW
Address 2801 NW 23RD BOULEVARD, UNIT D-31
City-State-Zip: GAINESVILLE FL 32605

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: ANDREW AMRON

AR

02/21/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date