

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000204707

**Entity Name:** THE ICE DOCTOR, LLC

**Current Principal Place of Business:**

215 NW 10TH AVENUE  
GAINESVILLE, FL 32601

**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**

**OWNER**

**02/16/2019**

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

\_\_\_\_\_  
Date