JACKSONVILLE, FL 32225 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	: ANNA JOHNSON			03/08/2021
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	MANAGER	
Name	JOHNSON, APRIL	Name	JOHNSON, ANNA	
Address	8121 SUMMER POINT CT.	Address	12321 BUCKS HARBOR DR. S	
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32225	
Title	MANAGER			
Name	JOHNSON, DWIGHT			
Address	12321 BUCKS HARBOR DR. S			

JACKSONVILLE, FL 32225

#### **Current Mailing Address:**

12321 BUCKS HARBOR DR. S

DOCUMENT# L16000219001

Entity Name: A&A ITALIAN ICE, LLC

**Current Principal Place of Business:** 

12321 BUCKS HARBOR DR. S JACKSONVILLE, FL 32225 US

## FEI Number: 81-4784351

### Name and Address of Current Registered Agent:

JACKSONVILLE FL 32225

JOHNSON, ANNA 12321 BUCKS HARBOR DR. S JACKSO

City-State-Zip:

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: ANNA JOHNSON

MANAGER

#### 03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## Certificate of Status Desired: No

Date

# FILED Mar 08, 2021 Secretary of State 6685140844CR