

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000002407

Entity Name: ICE, LLC

FILED
Nov 12, 2008
Secretary of State

Current Principal Place of Business:

701 NE 31ST STREET
MIAMI, FL 33137

New Principal Place of Business:

47 W. WALL STREET
FROSTPROOF, FL 33843

Current Mailing Address:

450 NE 32ND ST
MIAMI, FL 33137

New Mailing Address:

47 W. WALL STREET
FROSTPROOF, FL 33843

FEI Number: 26-0058057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST 2ND STREET, SUITE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: ROBERT WOHL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GOLD, MICHAEL
Address: 450 NE 32ND ST
City-St-Zip: MIAMI, FL 33137

Title: MGRM () Delete
Name: WOHL, ROBERT
Address: 450 NE 32ND ST
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GOLD, MICHAEL
Address: 47 W WALL STREET
City-St-Zip: FROSTPROFF, FL 33843

Title: MGRM (X) Change () Addition
Name: WOHL, ROBERT
Address: 47 W. WALL STREET
City-St-Zip: FROSPROOF, FL 33843

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ROBERT WOHL

M G M

11/12/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date