

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90026 029 ****50.00

DOCUMENT # L03000030037

1. Entity Name

ICE, ENTERPRISES, L.L.C.



Principal Place of Business

596 U.S. HIGHWAY 1
JUPITER FL 33458
US

Mailing Address

106 D BENT ARROW DRIVE
JUPIER FL 33458
US

2. Principal Place of Business

3. Mailing Address

162 HAMPTON PL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jupiter, FL

Zip

Country

Zip

33458

Country

4. FEI Number

81-0627901

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TIBBETTS, IRENE
106D BENT ARROW DRIVE
JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

TITLE V
NAME BABIARZ, CATHY
STREET ADDRESS 15 PARKER AVE.
CITY-ST-ZIP MADISON CT 06443 ☐ Delete

TITLE P
NAME TIBBETTS, IRENE
STREET ADDRESS 106D BENT ARROW DRIVE
CITY-ST-ZIP JUPITER FL 33458 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME Tibbets, Irene
STREET ADDRESS 162 Hampton PL
CITY-ST-ZIP Jupiter, FL 33458 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Irene C. Tibbets

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-19-06

Date

561-371-7155

Daytime Phone #