2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jun 08, 2005 8:00 am
Secretary of State
05-11-2005 90030 042 ****50.00

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04292005 Chg-LLC CR2E063 (10/03)

DOCUMENT # L04000020533

1. Entity Name
PREMIER ICE CREAM, LLC

Principal Place of Business	Mailing Address
281 PINEWOOD DR. TALLAHASSEE, FL 32303	281 PINEWOOD DR. TALLAHASSEE, FL 32303

2. Principal Place of Business	3. Mailing Address
232 E. 5th Ave	232 E. 5th Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32303 Country: USA	Zip: 32303 Country: USA

4. FEI Number: 59-3523100 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VANTURE, CHARLES E
281 PINEWOOD DR.
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name: Charles E. Vanture
Street Address (P.O. Box Number is Not Acceptable): 232 E. 5th Ave
City: Tallahassee FL Zip Code: 32303

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] Charles E. Vanture 4/29/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PREMIER ICE CREAM DISTRIBUTORS, LLC 281 PINEWOOD DR. TALLAHASSEE, FL 32303 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SAME SAME 232 E. 5th Ave Tallahassee, FL 32303 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [signature] Charles E. Vanture 4/28/05 850-224-7258
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #