

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000056042

Entity Name: EAST COAST ICE, LLC

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

645 MAYPORT ROAD  
SUITE 3A  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

13361 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

645 MAYPORT ROAD  
SUITE 3A  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

13361 ATLANTIC BOULEVARD  
JACKSONVILLE, FL 32225

FEI Number: 20-1543955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

FAIRBANKS, RANDAL C  
76 SOUTH LAURA ST, STE 1700  
JACKSONVILLE, FL 32202 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALLIGOOD, BOB  
Address: 13361 ATLANTIC BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32225

I hereby 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: BOB ALLIGOOD

MGR

02/17/2010

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