

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90029 037 \*\*\*\*55.00

DOCUMENT # L05000013470

1. Entity Name

EZ ICE, L.L.C.



Principal Place of Business

430 BOUCHELLE DRIVE, #201  
NEW SMYRNA BEACH FL 32169

Mailing Address

430 BOUCHELLE DRIVE, #201  
NEW SMYRNA BEACH FL 32169



2. Principal Place of Business - No P.O. Box #

1827 Forough Circle  
Suite, Apt. #, etc.

3. Mailing Address

PO Box 818  
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Port Orange, FL

City & State

New Smyrna Beach, FL

4. FEI Number

14-1949025

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

Zip

Country

32128

Volusia

Zip

Country

32170

Volusia

6. Name and Address of Current Registered Agent

ROSS, WILLIAM L JR  
221 NORTH CAUSEWAY  
NEW SMYRNA BEACH FL 32169

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 file if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME LOMBARD, MARY LOU  
STREET ADDRESS 430 BOUCHELLE DRIVE, #201  
CITY ST-ZIP NEW SMYRNA BEACH FL 32169

TITLE  
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10. ADDITIONS/CHANGES - Address S

TITLE MGR  
NAME Lombard, Mary Lou  
STREET ADDRESS 1827 Forough Circle  
CITY ST-ZIP Port Orange, FL 32128

TITLE  
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CITY ST-ZIP

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: Mary Lou Lombard (Mary Lou Lombard) 4/25/07 386 478 3537  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #