

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 015 ****50.00

DOCUMENT # L05000031272

1. Entity Name
TOP ICE CREAM CREATION, LLC



Principal Place of Business
1000 E 23RD ST
PANAMA CITY, FL 32405 US

Mailing Address
1000 E 23RD ST
PANAMA CITY, FL 32405 US

00006104



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04132007 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

54-2187428

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALBIBI, AYESHA
4006 WOODRIDGE RD
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name
AYESHA ALBIBI

Street Address (P.O. Box Number is Not Acceptable)
3724 PRESERVE BAY BLVD.

City
PANAMA CITY BEACH

FL

Zip Code
32408

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

Filing Fee is \$50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALBIBI, OSAMA
4006 WOODRIDGE RD
PANAMA CITY, FL 32405 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3724 PRESERVE BAY BLVD.
PANAMA CITY BEACH, FL 32408 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALBIBI, LANE
3724 PRESERVE BAY BLVD
PANAMA CITY, FL 32408 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALBIBI, MUNIR
137 S TYNDALL PARKWAY
CALLAWAY, FL 32404 ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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☐ Delete

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 Chapter 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:

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

6/20/07

Date

Daytime Phone #