

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031272

FILED
Apr 17, 2008
Secretary of State

Entity Name: TOP ICE CREAM CREATION, LLC

Current Principal Place of Business:

1000 E 23RD ST
PANAMA CITY, FL 32405 US

New Principal Place of Business:

Current Mailing Address:

1000 E 23RD ST
PANAMA CITY, FL 32405 US

New Mailing Address:

FEI Number: 54-2187428

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBIBI, AYESHA
3724 PRESERVE BAY BLVD
PANAMA CITY, FL 32408 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: MGRM () Delete
Name: ALBIBI, OSAMA
Address: 3724 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY, FL 32408 US

Title: MGRM () Delete
Name: ALBIBI, LANE
Address: 3724 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY, FL 32408 US

Title: MGRM () Delete
Name: ALBIBI, MUNIR
Address: 137 S TYNDALL PARKWAY
City-St-Zip: CALLAWAY, FL 32404 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ALBIBI, LENA
Address: 3724 PRESERVE BAY BLVD
City-St-Zip: PANAMA CITY, FL 32408 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: OSAMA ALBIBI

CEO

04/17/2008

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