

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063359

Entity Name: ICE BREAKERS, LLC

FILED  
Mar 10, 2008  
Secretary of State

**Current Principal Place of Business:**

408 FARMINGTON DRIVE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

408 FARMINGTON DRIVE  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 04-3819264

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATAK, MARTIN T  
408 FARMINGTON DRIVE  
PLANTATION, FL 33317 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 ( ) Delete  
Name: MATAK, MARTIN T  
Address: 408 FARMINGTON DRIVE  
City-St-Zip: PLANTATION, FL 33317

Title: MGRM ( ) Delete  
Name: KISSELL, DAN  
Address: 13883 SW 44TH STREET  
City-St-Zip: DAVIE, FL 33330

Title: MGRM ( ) Delete  
Name: KISSELL, DAVID  
Address: 10120 SW 18TH STREET  
City-St-Zip: DAVIE, FL 33324

**ADDITIONS/CHANGES:**

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

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

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: MARTIN MATAK

MGR

03/10/2008

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