

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000100537

FILED  
Oct 30, 2006  
Secretary of State

Entity Name: TUSCAN ICE II, LLC

**Current Principal Place of Business:**

2519 MCMULLEN BOOTH RD.  
CLEARWATER, FL 33761 US

**New Principal Place of Business:**

**Current Mailing Address:**

2519 MCMULLEN BOOTH RD.  
CLEARWATER, FL 33761 US

**New Mailing Address:**

FEI Number: 54-2188467      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

FERRIOLO, JOHN  
4529 WHITTON WAY #214  
NEW PORT RICHEY, FL 34653 US

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: JOHN FERRIOLO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FERRIOLO, JOHN  
Address: 4529 WHITTON WAY #214  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

Title: MGRM ( ) Delete  
Name: FERRIOLO, BONNIE  
Address: 4529 WHITTON WAY #214  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

**ADDITIONS/CHANGES:**

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 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: JOHN FERRIOLO

MA

10/30/2006

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