## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000113231

1. Entity Name

PANHANDLE ICE HOUSES, LLC



FILED Feb 29, 2008 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

38 S 8TH ST

DEFUNIAK SPRINGS, FL 32435

P O BOX 952

DE FUNIAK SPRINGS, FL 32435



02142008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number		Applied For
20-3834212		Not Applicable
	- \$5.00 Additional	

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

MC DONALD, INGRAM K 38 S 8TH ST DEFUNIAK SPRINGS, FL 32435

## DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the purpose of char trons of registered agent.	rging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable	(NOTE Registered Agent agristure required when reinstating)	DATE
FILE After May	E NOW!!! FEE 18.\$138.75 y 1, 2008 Fee will be \$938.75	118	00000843971 2/08-80016-023 138,75
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	MGRM MC DONALD, INGRAM K 1474 HWY 83 NORTH DE FUNIAK SPRINGS, FL 32433		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCDONALD, KIM 1474 HWY 83 N DEFUNIAK SPRINGS, FL 32435		,
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THI	S SPACE
TITILE NAME STREET ADDRESS CITY-ST-ZIP			• • • •
TITLE -			

11. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS CITY-ST-ZIP

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

2-2808

<u>8308714</u>0

Daytime Phone #