

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000105315

Entity Name: U.S.A. ON ICE, LLC

FILED  
Oct 18, 2007  
Secretary of State

**Current Principal Place of Business:**

2524 WATER VALLEY DRIVE  
ST. CLOUD, FL 34771

**New Principal Place of Business:**

**Current Mailing Address:**

2524 WATER VALLEY DRIVE  
ST. CLOUD, FL 34771

**New Mailing Address:**

FEI Number: 20-5822029      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:**

WILLIAM N. ASMA P.A.  
884 SOUTH DILLARD STREET  
WINTER GARDEN, FL 34787      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: WILLIAM N ASMA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: MIGNAULT, AMAYA  
Address: 2064 BEARING LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: MGR      ( ) Delete  
Name: FLORENTINO, PATRICIA  
Address: 2524 WATER VALLEY DRIVE  
City-St-Zip: ST. CLOUD, FL 34771

**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 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: PATRICIA FIORENTINO

MGR

10/18/2007

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