


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90102 008 \*\*\*138.75

|  |  |   |
|--|--|---|
| <b>DOCUMENT # L07000049496</b>               |  |  |
| 1. Entity Name<br>J.R.S. SELF SERVE ICE, LLC |  |   |

|  |  |
|--|--|
| Principal Place of Business<br>353 SW GREENRIDGE LANE<br>LAKE CITY, FL 32025 | Mailing Address<br>353 SW GREENRIDGE LANE<br>LAKE CITY, FL 32025 |
|--|--|

60040193

|  |         |                     |         |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.                            |         | Suite, Apt. #, etc. |         |
| City & State                                   |         | City & State        |         |
| Zip  | Country | Zip                 | Country |

04012008 Chg-LLC CR2E083 (12/06)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>26-0285312</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

|   |  |   |  |
|---|--|---|--|
| 6. Name and Address of Current Registered Agent                 |  | 7. Name and Address of New Registered Agent                                       |  |
| EVANS, JAMES H<br>353 SW GREENRIDGE LANE<br>LAKE CITY, FL 32025 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | <b>Make check payable to</b><br><b>Florida Department of State</b> |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                       |  | 10. ADDITIONS/CHANGES                              |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGR<br>EVANS, JAMES H<br>353 GREENRIDGE LANE<br>LAKE CITY, FL 32025 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>DEESE, STANFORD L<br>234 SE JAMES AVENUE<br>LAKE CITY, FL 32025 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>LOGAN, RAYMOND A<br>535 NW AMANDA STREET<br>LAKE CITY, FL 32055 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing 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:** James H. Evans 4/30/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #