

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063403

**FILED**  
**Jan 30, 2009**  
**Secretary of State**

**Entity Name:** PALM SPRINGS ICE CREAM, LLC

**Current Principal Place of Business:**

C/O NL ARK DEVELOPMENT, LLC  
1909 TYLER ST., SUITE 302  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

C/O NL ARK DEVELOPMENT, LLC  
1161 HOLLAND DRIVE  
BOCA RATON, FL 33487

**Current Mailing Address:**

C/O NL ARK DEVELOPMENT, LLC  
1909 TYLER ST., SUITE 302  
HOLLYWOOD, FL 33020

**New Mailing Address:**

PALM SPRINGS ICE CREAM, LLC  
PO BOX 6337  
DELRAY BEACH, FL 33482

FEI Number: 26-0377665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HODKIN, ADAM J  
350 E LAS OLAS BLVD.  
ST. 980  
FT. LAUDERDALE, FL 33301 US

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

LEWINGER, NOAH  
3312 OAK HILL ST  
HOLLYWOOD-FT. LAUDERDALE, FL 33312 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: NOAH LEWINGER

01/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEWINGER, NOAH  
Address: 1909 TYLER ST., SUITE 302  
City-St-Zip: HOLLYWOOD, FL 33020

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LEWINGER, NOAH  
Address: PO BOX 6337  
City-St-Zip: DELRAY BEACH, FL 33482

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: NOAH LEWINGER

MGR

01/30/2009

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