

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063683

FILED
Apr 25, 2008
Secretary of State

Entity Name: FRANK'S ICE LLC

Current Principal Place of Business:

1375 ESTERO BLVD
FT MYERS BEACH, FL 33931 US

New Principal Place of Business:

Current Mailing Address:

315 ELMWOOD AVE
LEHIGH ACRES, FL 33936 US

New Mailing Address:

11551 DOGWOOD LANE
FORT MYERS BEACH, FL 33931 US

FEI Number: 26-0368370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZE, FRANCIS A
315 ELMWOOD AVE
LEHIGH ACRES, FL 33936 US

Name and Address of New Registered Agent:

KUNZE, FRANCIS A
11551 DOGWOOD LANE
FORT MYERS BEACH, FL 33931 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:

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KUNZE, FRANCIS A
Address: 315 ELMWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33936 US

Title: MGR () Delete
Name: KUNZE, MARY ANN B
Address: 315 ELMWOOD AVE
City-St-Zip: LEHIGH ACRES, FL 33936 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUNZE, FRANCIS A
Address: 11551 DOGWOOD LANE
City-St-Zip: FORT MYERS BEACH, FL 33931 US

Title: MGR (X) Change () Addition
Name: KUNZE, MARY ANN B
Address: 11551 DOGWOOD LANE
City-St-Zip: FORT MYERS BEACH, FL 33931 US

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: FRANCIS A. KUNZE

MGR

04/25/2008

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