2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jun 11, 2008 8:00 am
Secretary of State
04-25-2008 90017 047 ***138.75

DOCUMENT # L07000082423

1. Entity Name
GATOR ICECREAM , L.L.C.

Principal Place of Business: 6301 W. BROWARD BLVD PLANTATION FL 33317

Mailing Address: 6301 W. BROWARD BLVD PLANTATION FL 33317

2. Principal Place of Business No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip / Country

1st MOORE CR2E083 (10/07)

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAD, NABEELA I
6301 W. BROWARD BLVD
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City 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 ____________________ Date

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SHAD, ARIF 6301 W. BROWARD BLVD PLANTATION FL 33317	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER, MANAGER NASREEN SHAD 6301 W. BROWARD BLVD PLANTATION, FL 33317	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] APRIL 14th, 2008 954-689-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

4/25/2008-90017-047-$138.75-$138.75

ATTACHMENT
OLD ANNL. REPORT

30009193

DOCUMENT # L07000082423

1. Entity Name

GATOR ICECREAM , L.L.C.

Principal Place of Business	Mailing Address
6301 W. BROWARD BLVD PLANTATION FL 33317	6301 W. BROWARD BLVD PLANTATION FL 33317

1st MOORE CR2E083 (10/07)

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

4. FEI Number — [X] Applied For — [ ] 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
SHAD, NABEELA I 6301 W. BROWARD BLVD PLANTATION FL 33317	Name Street Address (P.O. Box Number is Not Acceptable) City — 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 ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHAD, ARIF 6301 W. BROWARD BLVD PLANTATION FL 33317	[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER NASREEN SHAD 6301 W. BROWARD BLVD PLANTATION, FL 33317	[ ] Change [X] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] Change [ ] Addition
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SIGNATURE: [signature] Shad — APRIL 14th, 2008 — 954-689-8262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — DATE — DAYTIME PHONE #

ATTACHMENT
30009193

June 6, 2008

State of Florida
Department of State
Corporation Division
P. O. BOX 6478
Tallahassee, Florida
32314

Subject: Gator IceCream, L.L.C.

Ref: L07000082423

Dear Sir/Madam,

We received your letter on May 20, 2008 in regards to the above referenced number. After that, I called your office. Your office indicated that a member is not to be added to the annual report, unless that member is a manager.

With this letter, I have corrected that information and I am sending you the annual report with the correction for Nasreen Shad, as this letter will also reflect as follows:

Name : **Nasreen Shad**
Title : **Member, Manager**
Address: 6301 W. Broward Blvd
Plantation, FL 33317

I will appreciate if your office can update the information so that my records can be accurate according to the state of Florida requirement, and send me an acknowledgement letter to let me know that my records has been corrected. I have also enclosed a copy of your correspondence to me.

If there are any questions, please do not hesitate to contact me by phone at **954-689-8262** or by email at : shadusa@bellsouth.net

Thank you.

Sincerely,

Arif Shad
Managing Member
Gator IceCream, L.L.C.
6301 W. Broward Blvd, Plantation, FL 33317