

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90060 016 ***143.75

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|---|---------------------|---|--|--|--|-------|------|---------------------------------|------|----------------|--|----------------|----------------|--|-----------------|---------------------|--|-------|------|---|------|--|--|----------------|--|--|-----------------|--|--|
| DOCUMENT # L07000116303 1. Entity Name THE ICE CHEST, LLC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Principal Place of Business 122 NE 6TH AVE WILLISTON, FL 32696 US | | | Mailing Address 547 NW 2ND AVE WILLISTON, FL 32696 US | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City & State Zip | | City & State Zip | | Country | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">26-1433446</div> | | | | Applied For <input type="checkbox"/> Not Applicable | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | | | \$5.00 Additional Fee Required | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent JONES, DEBRA F 547 NW 2ND AVE WILLISTON, FL FL | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | Make check payable to Florida Department of State | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JONES, DEBRA F</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>547 NW 2ND AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>WILLISTON, FL 32696</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div> | | | | | | TITLE | NAME | <input type="checkbox"/> Delete | NAME | JONES, DEBRA F | | STREET ADDRESS | 547 NW 2ND AVE | | CITY - ST - ZIP | WILLISTON, FL 32696 | | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | NAME | | | STREET ADDRESS | | | CITY - ST - ZIP | | |
| TITLE | NAME | <input type="checkbox"/> Delete | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | JONES, DEBRA F | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | 547 NW 2ND AVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | WILLISTON, FL 32696 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY - ST - ZIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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: <i>Debra F. Jones</i> | | | | 4-26-08 352-528-2658 | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |