

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123337

Entity Name: ICE PRO, LLC

FILED
Feb 18, 2009
Secretary of State

Current Principal Place of Business:

15106 SR 62
PARRISH, FL 34219 US

New Principal Place of Business:

Current Mailing Address:

POB 714
PARRISH, FL 34219 US

New Mailing Address:

FEI Number: 26-1775631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

RIMER, LIANNE OWNER
15106 SR 62
PARRISH, FL 34219 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: LIANNE RIMER

02/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIMER, LIANNE
Address: 15106 SR 62
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM () Delete
Name: RIMER, JOSEPH C
Address: 15106 SR 62
City-St-Zip: PARRISH, FL 34219 US

Title: MGRM () Delete
Name: RIMER, FRED C
Address: 15106 SR 62
City-St-Zip: PARRISH, FL 34219 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LIANNE RIMER

MGRM

02/18/2009

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