2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000005237

Entity Name: HEAVENLY ICE L.L.C.

Name:

Address:

City-St-Zip:

EGITTO, SUSAN

1323 CONNECTICUT AVE

ST CLOUD, FL 34769

FILED Apr 28, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1323 CONNECTICUT AVE ST CLOUD, FL 34769 **Current Mailing Address: New Mailing Address:** 1323 CONNECTICUT AVE ST CLOUD, FL 34769 FEI Number: 26-1736341 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORBITT, DAWN 1323 CONNECTICUT AVE ST CLOUD, FL 34769 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CORBITT, DAWN Name: Name: 1323 CONNECTICUT AVE Address: Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: CORBITT, PATRICK Name: Address: 1323 CONNECTICUT AVE Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition EGITTO, MIKE Name: Name: 1323 CONNECTICUT AVE Address: Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: DAWN CORBITT MGRM 04/28/2009