

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026128

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** REPICCI'S REAL ITALIAN ICE JACKSONVILLE FLORIDAM "LLC"

**Current Principal Place of Business:**

11844 POYDRAS LANE  
JACKSONVILLE, FL 32218 US

**New Principal Place of Business:**

**Current Mailing Address:**

11844 POYDRAS LANE  
JACKSONVILLE, FL 32218 US

**New Mailing Address:**

**FEI Number:** 33-1207250      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHILDS, HENRY L SR.  
11844 POYDRAS LANE  
JACKSONVILLE, FL 32218 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR  
Name: CHILDS, HENRY L SR.  
Address: 11844 POYDRAS LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: MGR  
Name: CHILDS, WILLARD FAYE  
Address: 11844 POYDRAS LANE  
City-St-Zip: JACKSONVILLE, FL 32218 US

I hereby 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: WILLARD F. CHILDS

MGR

03/29/2010

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