

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031554

FILED
Apr 28, 2009
Secretary of State

Entity Name: ICE CHEST EXPRESS, LLC

Current Principal Place of Business:

6115 WEST CRAFT LANE
HOMOSASSA, FL 34446 US

New Principal Place of Business:

Current Mailing Address:

6115 WEST CRAFT LANE
HOMOSASSA, FL 34446 US

New Mailing Address:

FEI Number: 26-2280891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZPATRICK, R. SHAWN
213 NORTH APOPKA AVENUE
INVERNESS, FL 34450 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: MGRM () Delete
Name: JOHNSON, GREGORY S
Address: 6115 WEST CRAFT LANE
City-St-Zip: HOMOSASSA, FL 34446 US

Title: MGRM () Delete
Name: FITZPATRICK, KEVIN T
Address: 3329 SOUTH CANAL ROAD
City-St-Zip: INVERNESS, FL 34450 US

Title: MGRM () Delete
Name: WEIAND, ROB
Address: 6173 WEST FOX LANE
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: MGRM () Delete
Name: RUSAW, TERESA A
Address: 7655 W GULF TO LAKE HWY UNIT 9
City-St-Zip: CRYSTAL RIVER, FL 34429 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: FITZPATRICK, KEVIN T
Address: 213 N APOPKA AVENUE
City-St-Zip: INVERNESS, FL 34450 US

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: GREGORY S. JOHNSON

MGRM

04/28/2009

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