2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2009
Secretary of State

DOCUMENT# L08000035925

Entity Name: ALL DAY ICE, LLC.

Current Principal Place of Business:

3215 W. SANTIAGO ST
TAMPA, FL 33629 US

New Principal Place of Business:

Current Mailing Address:

3215 W. SANTIAGO ST
TAMPA, FL 33629 US

New Mailing Address:

FEI Number: 26-2371910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELSON, SCOTT F
4890 W. KENNEDY BLVD
240
TAMPA, FL 33609 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 ( ) Delete
Name: CIMINO, JAMIE L
Address: 3215 W. SANTIAGO ST
City-St-Zip: TAMPA, FL 33629 US

Title: MGR ( ) Delete
Name: CIMINO III, PETER S
Address: 3215 W. SANTIAGO ST
City-St-Zip: TAMPA, FL 33629 US

Title: MGR (X) Delete
Name: WATSON III, ANSLEY
Address: 3215 W. SANTIAGO ST
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CIMINO, JAIME L
Address: 3215 W. SANTIAGO ST
City-St-Zip: TAMPA, FL 33629 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: JAIME CIMINO MGR 02/16/2009

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