2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L08000036491

Entity Name: CELTIC ICE, LLC

Current Principal Place of Business:

13227 60TH ST S
WELLINGTON, FL 33449 US

New Principal Place of Business:

17674 69TH STREET N
LOXAHATCHEE, FL 33470 US

Current Mailing Address:

13227 60TH ST S
WELLINGTON, FL 33449 US

New Mailing Address:

17674 69TH STREET N
LOXAHATCHEE, FL 33470 US

FEI Number: 26-2408214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARKIN, DAVID D
13227 60TH ST S
WELLINGTON, FL 33449 US

Name and Address of New Registered Agent:

ITALIANI, NICHOLAS
17674 69TH STREET N
LOXAHATCHEE, FL 33470 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: NICHOLAS ITALIANI 04/08/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LARKIN, DAVID D
Address: 13227 60TH ST S
City-St-Zip: WELLINGTON, FL 33449 US

Title: MGRM ( ) Delete
Name: ITALIANI, NICHOLAS
Address: 15764 69TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: ITALIANI, NICHOLAS
Address: 17674 69TH STREET NORTH
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: NICHOLAS ITALIANI MGRM 04/08/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date