

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L08000058025

Entity Name: GREEN FREEZE, LLC

FILED  
Dec 17, 2009  
Secretary of State

**Current Principal Place of Business:**

1400 HAND AVE  
SUITE H  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

1400 HAND AVE  
SUITE H  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 26-2795775      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

MERCER, JASON  
1400 HAND AVE  
SUITE H  
ORMOND BEACH, FL 32174 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: JASON R MERCER, MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: AXLEY, GREGG LEON  
Address: 1400 HAND AVE SUITE H  
City-St-Zip: ORMOND BEACH, FL 32174 US

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

Title: MGRM ( ) Delete  
Name: MERCER, JASON  
Address: 1400 HAND AVE SUITE H  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: JASON R MERCER, MD

MGRM

12/17/2009

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