

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106856

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Entity Name:** MORELLI'S ITALIAN ICE, LLC

**Current Principal Place of Business:**

6404 KING MAPLE COURT  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

6023 WINTHROP COMMERCE AVENUE  
SUITE C  
RIVERVIEW, FL 33578

**Current Mailing Address:**

6404 KING MAPLE COURT  
RIVERVIEW, FL 33578

**New Mailing Address:**

**FEI Number:** 27-3702606      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MORELLI, RACHEL  
6404 KING MAPLE COURT  
RIVERVIEW, FL 33578      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  
**Name:** MORELLI, JOSEPH  
**Address:** 6404 KING MAPLE COURT  
**City-St-Zip:** RIVERVIEW, FL 33578

**Title:** MGRM  
**Name:** MORELLI, RACHEL  
**Address:** 6404 KING MAPLE COURT  
**City-St-Zip:** RIVERVIEW, FL 33578

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:** JOSEPH MORELLI

MGRM

04/26/2011

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