

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000004377

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** LIL' GABRIEL'S FLAVORED ICE, LLC

**Current Principal Place of Business:**

10263 WHISPERING FOREST DR  
909  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

1739 FOREST LAKE CIRCLE E  
UNIT 1  
JACKSONVILLE, FL 32225 US

**Current Mailing Address:**

10263 WHISPERING FOREST DR  
909  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

1739 FOREST LAKE CIRCLE E  
UNIT 1  
JACKSONVILLE, FL 32225 US

**FEI Number:** 27-4508479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS, KIRT Q  
10263 WHISPERING FOREST DR., #909  
JACKSONVILLE, FL 32257 US

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

HICKS, KIRT Q  
1739 FOREST LAKE CIRCLE E  
UNIT 1  
JACKSONVILLE, FL 32225 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:

04/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GROUP EI8HT, LLC  
Address: 1739 FOREST LAKE CIRCLE E, UNIT 1  
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: MGR  
Name: COOK, SHANTEL  
Address: 1739 FOREST LAKE CIRCLE E, UNIT 1  
City-St-Zip: JACKSONVILLE, FL 32225 US

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: SHANTEL COOK

MGR

04/28/2012

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