

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000046259

**FILED**  
**Nov 12, 2014**  
**Secretary of State**

**Entity Name:** TREASURE COAST ICE, LLC

**Current Principal Place of Business:**

221 W HIBISCUS BLVD  
STE 271  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

221 W HIBISCUS BLVD  
STE 271  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 32-0351885      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HELOCK, MARI  
32 BOUNTY LN  
INDIALANTIC, FL 32903 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:** JASON CHEEK

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

**Title:** MGR  
**Name:** CHEEK, JASON  
**Address:** 83 BOUNTY LN  
**City-St-Zip:** INDIALANTIC, FL 32903 US

**Title:** MGR  
**Name:** SMITHSON, JAMES  
**Address:** 250 SORRENTO CIR  
**City-St-Zip:** GAINESVILLE, GA 30508 US

**Title:** MGR  
**Name:** BAILEY, JAMES  
**Address:** 318 4TH AVE  
**City-St-Zip:** MELBOURNE BEACH, FL 32951 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** JASON CHEEK

MGRM

11/12/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date