

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000079744

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** DOUBLE DIP OLD FASHIONED ICE CREAM "LLC"

**Current Principal Place of Business:**

7430 HWY US ROUTE 1  
WINTER BEACH, FL 32971

**New Principal Place of Business:**

**Current Mailing Address:**

1010 WEST LAKEVIEW DRIVE  
SEBASTIAN, FL 32958

**New Mailing Address:**

**FEI Number:** 45-2708672

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MULLER, MICHAEL B  
1010 WEST LAKEVIEW DRIVE  
SEBASTIAN, FL, FL 32958 US

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

MULLER, MICHAEL B  
1010 WEST LAKEVIEW DRIVE  
SEBASTIAN, FL 32958 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/25/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MULLER, MICHAEL B  
Address: 1010 WEST LAKEVIEW DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM  
Name: ANDREWS, ROBERT R  
Address: 1010 WEST LAKEVIEW DRIVE  
City-St-Zip: SEBASTIAN, FL 32958

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: MICHAEL B MULLER

MGRM

04/25/2012

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