

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000007104

FILED
Mar 05, 2009
Secretary of State

Entity Name: MOBILE ICE PRODUCTS AND SERVICES LLC

Current Principal Place of Business:

% RIFENBURG CONSTRUCTION INC.
159 BRICK CHURCH ROAD
TROY, NY 12180

New Principal Place of Business:

Current Mailing Address:

% RIFENBURG CONSTRUCTION INC.
159 BRICK CHURCH ROAD
TROY, NY 12180

New Mailing Address:

FEI Number: 20-5334661

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR () Delete
Name: RIFENBURG, GEORGE A
Address: 159 BRICK CHURCH ROAD
City-St-Zip: TROY, NY 12180

Title: MGR () Delete
Name: RIFENBURG, JOHN K
Address: 159 BRICK CHURCH ROAD
City-St-Zip: TROY, NY 12180

Title: MGR () Delete
Name: RIFENBURG, DAVID K
Address: 303 HIGHWAY 70 BYPASS
City-St-Zip: DURHAM, NC 27703

ADDITIONS/CHANGES:

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

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

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: QUINETTE E. GOEWEY

SA

03/05/2009

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