

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004982

Entity Name: SLICES AND ICES, LLC

FILED  
Jul 07, 2009  
Secretary of State

**Current Principal Place of Business:**

3411 SW ARCHER ROAD, STE. A  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

3411 SW ARCHER ROAD, STE. A  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 26-1722327      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JOSE I. MORENO PA  
240 NW 76TH DR., STE. D  
GAINESVILLE, FL 32607      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: DIBARTOLO, JOSEPH  
Address: P.O. BOX 142405  
City-St-Zip: GAINESVILLE, FL 326142405

Title: MGR      ( ) Delete  
Name: CRUZ, HECTOR  
Address: PO BOX 142405  
City-St-Zip: GAINESVILLE, FL 326142405

Title: MGR      ( ) Delete  
Name: CRUZ, CARMEN  
Address: PO BOX 142405  
City-St-Zip: GAINESVILLE, FL 326142405

**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: HECTOR CRUZ

MR.

07/07/2009

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