

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000212786

**Entity Name:** ICEBOX CAFE BPO, LLC

**Current Principal Place of Business:**

219 NE 3RD STREET  
HALLANDALE, FL 33009

**Current Mailing Address:**

219 NE 3RD STREET  
HALLANDALE, FL 33009 US

**FEI Number: 81-0967122**

**Certificate of Status Desired: No**

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

SIEGMANN, ROBERT  
219 NE 3RD STREET  
HALLANDALE, FL 33009 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ICEBOX CAFE, L.C.  
Address 219 NE 3RD STREET  
City-State-Zip: HALLANDALE FL 33009

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT SIEGMANN**

**MGMR**

**04/28/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date