

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000032741

**Entity Name:** PENINSULA ICE, LLC

**Current Principal Place of Business:**

900 PENINSULA CORPORATE CIRCLE  
BOCA RATON, FL 33487

**Current Mailing Address:**

8187 LAWSON BRIDGE LANE  
DELRAY BEACH, FL 33446 US

**FEI Number: 84-1939608**

**Certificate of Status Desired: No**

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

HOCHSZTEIN & HARRISON-JOLLY, P.A.  
3475 SHERIDAN STREET  
SUITE #209  
HOLLYWOOD, FL 33021 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                            | Title           | MGR                     |
| Name            | JACOB DINOV                    | Name            | HAL M. JACOVITZ         |
| Address         | 900 PENINSULA CORPORATE CIRCLE | Address         | 8187 LAWSON BRIDGE LANE |
| City-State-Zip: | BOCA RATON FL 33487            | City-State-Zip: | DELRAY BEACH FL 33446   |

*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: JACOB DINOV** \_\_\_\_\_

**MANAGER**

**04/04/2022**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date