2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 01, 2004 8:00 am
Secretary of State

07-01-2004 90072 008 ****55.00

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1. Entity Name
FROSTY'S AIR CONDITIONING, L.L.C.

Principal Place of Business	Mailing Address
18528 ALPHONSE CIRCLE PORT CHARLOTTE, FL 33948	18528 ALPHONSE CIRCLE PORT CHARLOTTE, FL 33948

06292004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
8906 Eagle Watch DR.	8906 Eagle Watch DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Riverview FL.	City & State: Riverview FL. 33569
Zip: 33569 Country: USA	Zip: Country: USA

4. FEI Number 65-1027035 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEARMAN, MICHAEL 18528 ALPHONSE CIRCLE PORT CHARLOTTE, FL 33948	Name: ~~Pearman, Michael~~ Street Address (P.O. Box Number is Not Acceptable): 8906 Eagle Watch DR. City: Riverview FL Zip Code: 33569

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael B Pearman DATE: 6/29/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEARMAN, MICHAEL 18528 ALPHONSE CIRCLE PORT CHARLOTTE, FL 33948	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Pearman, Michael 8906 Eagle Watch DR Riverview FL 33569	☑ Change of Address ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 Pearman 6/29/04 813-318-2904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #