

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000150521

**Entity Name:** FROST VENTURES, LLC

**Current Principal Place of Business:**

12151 MUSKET LANE  
FORT MYERS, FL 33912

**Current Mailing Address:**

12151 MUSKET LANE  
FORT MYERS, FL 33912 US

**FEI Number: 81-3591186**

**Certificate of Status Desired: No**

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

FROST, JULIE B  
12151 MUSKET LANE  
FORT MYERS, FL 33912 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 AMBR  
Name EDDY D FROST OR JULIE B FROST  
CO-TTEE'S OF THE EDDIE D FROST  
TRUST U/A/D 08/20/08  
Address 12151 MUSKET LANE  
City-State-Zip: FORT MYERS FL 33912

Title AMBR  
Name JULIE B FROST OR EDDY D FROST  
CO-TTEE'S OF THE JULIE B FROST  
TRUST U/A/D 08/20/08  
Address 12151 MUSKET LANE  
City-State-Zip: FORT MYERS FL 33912

Title PRESIDENT  
Name FROST, JARED  
Address 12151 MUSKET LANE  
City-State-Zip: FORT MYERS FL 33912

*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: JULIE FROST**

01/08/2023

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

\_\_\_\_\_  
Date