

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000006826

Entity Name: FRAME ONE LLC**Current Principal Place of Business:**213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561**Current Mailing Address:**213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561 US**FEI Number:** 84-4259973**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOMMA, GLEN E
213 NORTHCLIFFE DR.
GULF BREEZE, FL 32561 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	MANAGER
Name	GLEN SOMMA
Address	213 NORTHCLIFFE DR.
City-State-Zip:	GULF BREEZE FL 32561

Title	AUTHORIZED MEMBER
Name	HAUSMANN, CONNOR MCCLURE
Address	1142 GREAT OAKS CIR.
City-State-Zip:	GULF BREEZE FL 32563

Title	AUTHORIZED MEMBER
Name	SOMMA, KAMREN GLEN
Address	213 NORTHCLIFFE DR.
City-State-Zip:	GULF BREEZE FL 32561

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: GLEN SOMMA

PRESIDENT

05/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date