

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000891

1. Entity Name

FROSTY, LLC

Principal Place of Business

440 EL MIRASOL
PALM BEACH FL 33480

Mailing Address

440 EL MIRASOL 446-A BRAZILIAN AVE
PALM BEACH FL 33480

2. Principal Place of Business

4601 N. FEDERAL HWY
Suite, Apt. #, etc.

3. Mailing Address

446A BRAZILIAN AVE
Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

PALM BEACH, FL

Zip

33064

Country

USA

Zip

33480

Country

USA

4. FEI Number

65-0978005

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEENAN
KEENAN, JAMES F
440 EL MIRASOL 446A BRAZILIAN AVE
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name KEENAN, JAMES F.
Street Address (P.O. Box Number is Not Acceptable)
446-A BRAZILIAN AVE
City PALM BEACH FL Zip Code 33480

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT SUSAN G. KEENAN 446-A BRAZILIAN AVE PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JAMES F. KEENAN 446-A BRAZILIAN AVE PALM BEACH, FL 33480	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY GREG RICHARD 364 PARK FOREST WAY WELLINGTON, FL 33414	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER SUSAN G. KEENAN 446-A BRAZILIAN AVE PALM BEACH, FL 33480	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004422652--8 -06/15/01--01067--015 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

X 4-27-01 X

Date

Daytime Phone #

CR2E083 (11/00)

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FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE