AUG-05-2002 17:20

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2002 8:00 am
Secretary of State
08-05-2002 90010 044 ****50.00
08-20-2002 90128 028 ****50.00

DOCUMENT # L00000000891

1. Entity Name
FROSTY, LLC

975805

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4601 N. FEDERAL HIGHWAY	446A BRAZILIAN AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FLORIDA	City & State: PALM BEACH, FLORIDA
Zip: 33064 Country: USA	Zip: 33480 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0978005 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: JAMES F. KEENAN

Street Address (P.O. Box Number is Not Acceptable): 446A 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT
NAME	SUSAN G. KEENAN
STREET ADDRESS	233 Tradewinds Dr.
CITY-ST-ZIP	Palm Beach FL 33480
TITLE	VICE PRESIDENT
NAME	JAMES F. KEENAN
STREET ADDRESS	233 TRADEWIND DR.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	SECRETARY
NAME	GREG RICHARD
STREET ADDRESS	364 PARK FOREST WAY
CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	TREASURER
NAME	SUSAN G. KEENAN
STREET ADDRESS	233 TRADEWIND DR.
CITY-ST-ZIP	PALM BEACH, FL 33480
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: Susan G Keenan 8/15/02 561-301-1283
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Telephone Number