

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000011865

1. Entity Name
FROSTY KEG, LLC



FILED
Aug 25, 2008 08:00 AM
Secretary of State

Principal Place of Business
1707 1ST STREET E.
BRADENTON, FL 34208-3501

Mailing Address
1707 1ST STREET E.
BRADENTON, FL 34208-3501



08212008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3061078

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHEPARD, DANIEL O
1707 1ST STREET EAST
BRADENTON, FL 34208

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SHEPARD, MICHAEL K
STREET ADDRESS	6404 FOX HUNT LN.
CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	VP
NAME	SHEPARD, DANIEL O
STREET ADDRESS	4919 RIVERVIEW BLVD.
CITY-ST-ZIP	BRADENTON, FL 34209
TITLE	ST
NAME	STERRETT, LINDA S
STREET ADDRESS	3711 70TH STREET EAST
CITY-ST-ZIP	PALMETTO, FL 34211
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/25/08-80001-002 543.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

DANIEL O. SHEPARD

8/21/08

941-747-3794