

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000020172**

1. Entity Name  
**FROZEN FAVORITES, LLC**

Principal Place of Business  
**5160 NORTHRIDGE RD  
SARASOTA, FL 34238**

Mailing Address  
**5160 NORTHRIDGE RD  
SARASOTA, FL 34238**



03302005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RUSSO, STEVEN  
5160 NORTHRIDGE ROAD, APT. 206  
SARASOTA, FL 34238**

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

**Filing Fee is \$50.00  
Due by May 1, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
RUSSO, STEVEN  
5160 NORTHRIDGE RD APT 206  
SARASOTA, FL 34238**

TITLE  
NAME  
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CITY - ST - ZIP

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000000327520  
04/25/05-80041-016 50.00

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

**4-20-05**

Date

**941-350-8061**

Daytime Phone #