


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90223 007 \*\*\*\*50.00

<b>DOCUMENT # L02000024222</b>	
1. Entity Name <b>SNOWING, LLC</b>	

Principal Place of Business <b>317 N. HIGHLAND AVE. CLEARWATER, FL 33755</b>	Mailing Address <b>317 N. HIGHLAND AVE. CLEARWATER, FL 33755</b>
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2. Principal Place of Business <b>1810 Brentwood Dr</b>	3. Mailing Address <b>1810 Brentwood Dr</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Clearwater FL</b>	City & State <b>Clearwater FL</b>
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Zip <b>33764</b>	Country <b>Pinellas</b>	Zip <b>33764</b>	Country <b>Pinellas</b>
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6. Name and Address of Current Registered Agent <b>INGRASSIA, DAWN 317 N. HIGHLAND AVE. CLEARWATER, FL 33755</b>	
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02242006 Chg-LLC CR2E083 (11/05)

4. FEI Number <b>13-4212382</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name <b>Same</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1810 Brentwood Dr</b>	
City <b>Clearwater</b>	FL Zip Code <b>33764</b>

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 *Dawn Ingrassia* DATE *2/24/06*  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR INGRASSIA, DAWN 317 N. HIGHLAND AVE. 1810 Brentwood Dr CLEARWATER, FL 33755 33764 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: *Dawn Ingrassia* DATE *2/24/06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE