

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006594

Entity Name: F.R.O.G. VENTURES LLC

**FILED**  
**Apr 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1549 COLONIAL DR  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 3762  
TALLAHASSEE, FL 323153762

**New Mailing Address:**

FEI Number: 02-0680712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KELLEY, DIANE E  
1549 COLONIAL DR  
TALLAHASSEE, FL 32303 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KELLEY, DIANE  
Address: 2028 WILDRIDGE DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: WATKINS, KATHY  
Address: 2028 WILDRIDGE DR.  
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGRM  
Name: STONER, JANET  
Address: 1208 EQUESTRIAN WAY  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: CREW, ALICIA  
Address: 1208 EQUESTRIAN WAY  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: DIANE KELLEY

MGRM

04/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date