

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90024 025 \*\*\*\*50.00

**DOCUMENT # L03000036946**

1. Entity Name  
**FROZEN ROPES CLEARWATER, LLC**



Principal Place of Business  
**136 175TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708**

Mailing Address  
**136 175TH TERRACE DRIVE  
REDINGTON SHORES, FL 33708**

**60036326**



04182006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0269995**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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

**HARKINS, HAROLD L JR.  
2803 BUSCH BLVD., SUITE 112  
TAMPA, FL 33618**

**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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PUSCIAN, TIMOTHY J
STREET ADDRESS	3504 GREENGLEN CIRCLE
CITY-ST-ZIP	PALM HARBOR, FL 34684
TITLE	MGRM
NAME	WOLF, WALTER T
STREET ADDRESS	1110 GREENMOUNT AVE
CITY-ST-ZIP	HADDONFIELD, NJ 080333521
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

**4-17-06**

Date

**813-931-1272**

Daytime Phone #