2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097940

Entity Name: FROST FREEZE SMALL APPLIANCE & AC REPAIR LLC

Current Principal Place of Business:	**New Principal Place of Business:**
13231 MEADOWLARK LANE ORLANDO, FL 328288424	19930 MAJESTIC ST ORLANDO, FL 328333035

Current Mailing Address:	**New Mailing Address:**
13231 MEADOWLARK LANE ORLANDO, FL 328288424	19930 MAJESTIC ST ORLANDO, FL 328333035

FEI Number: 20-0717400   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
MACKHANLALL, STEVE 13231 MEADOWLARK LANE ORLANDO, FL 328288424 US	MACKHANLALL, STEVE 19930 MAJESTIC ST ORLANDO, FL 328333035 US

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: STEVE MACKHANLALL   03/16/2008

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                 Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS:

			ADDITIONS/CHANGES:		
Title:	MGR	( ) Delete	Title:	MGR	(X) Change ( ) Addition
Name:	MACKHANLALL, STEVE		Name:	MACKHANLALL, STEVE	
Address:	13231 MEADOWLARK LANE		Address:	19930 MAJESTIC ST	
City-St-Zip:	ORLANDO, FL 328288424		City-St-Zip:	ORLANDO, FL 328333035	
Title:	MGRM	( ) Delete	Title:		( ) Change ( ) Addition
Name:	SMALL, RENEL		Name:		
Address:	6920 SYLVAN WOODS DR.		Address:		
City-St-Zip:	SANFORD, FL 32771		City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: STEVE MACKHANLALL   MGR   03/16/2008

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