

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010
Annual
Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2010 APR 27 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300176888773
04/21/10--01028--005 **138.75

CR2E041 (11/09)

DOCUMENT # **L07000051922**

1. Limited Liability Company's Name

FRODO ENTERPRISES, LLC

2. Principal Office Address - No P.O. Box #

1602 STAG RUN CT

Suite, Apt. #, etc.

City & State

TRINITY, FL 34655

Zip

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TRINITY, FL 34655

Zip

Country

USA

4. State/Country of Formation

FL -

5. Date Organized or Qualified
To Do Business in Florida

5/16/07

6. FEI Number

22-3964183

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

LLOYD ROSS

Street Address (P.O. Box Number is Not Applicable)

1602 STAG RUN CT

Suite, Apt. #, Etc.

City

TRINITY

State

FL

Zip Code

34655

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**TEMPORARY MAIL NOT ?
WORKING ELSEWHERE - FORWARDED**

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Lloyd Ross

Date

4/16/10

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgs	LLOYD ROSS	1602 STAG RUN CT	TRINITY, FL 34655
Mgr	DIANA ROSS	"	"

11. E-mail Address: **LROSS118@TAMPABAY.RR.COM**

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of
Managing Member/Manager

[Signature]

Date

4/16/10

Daytime Phone #

727-807-5146

Typed or printed name of signing Managing Member/Manager