

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000072116

FILED
Mar 25, 2009
Secretary of State

Entity Name: FROZEN MOUNTIE INTERPLANETARY - FMI LLC

Current Principal Place of Business:

6161 MEMORIAL HWY.
1904
TAMPA, FL 33615

New Principal Place of Business:

Current Mailing Address:

6161 MEMORIAL HWY.
1904
TAMPA, FL 33615

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RINKENBERGER, SCOTT A
6161 MEMORIAL HWY.
1904
TAMPA, FL 33615 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 () Delete
Name: BROWN, NICOLAS
Address: 7200 5TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MGRM () Delete
Name: RINKENBERGER, SCOTT
Address: 6161 MEMORIAL HWY. 1904
City-St-Zip: TAMPA, FL 33615

Title: MGRM () Delete
Name: JOHNSON, BENJAMIN
Address: 5434 49TH AVE. NORTH
City-St-Zip: ST. PETERSBURG, FL 33709

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SCOTT A. RINKENBERGER

MGRM

03/25/2009

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