

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109946

Entity Name: FROSTINGS ETC., LLC

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3101 TOSCANA CIRCLE  
TAMPA, FL 33611

**New Principal Place of Business:**

500 SOUTH HOWARD AVE. STE F  
TAMPA, FL 33606

**Current Mailing Address:**

3101 TOSCANA CIRCLE  
TAMPA, FL 33611

**New Mailing Address:**

500 SOUTH HOWARD AVE. STE F  
TAMPA, FL 33606

FEI Number: 26-3797849

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BARBATO, JOSEPH  
3101 TOSCANA CIRCLE  
TAMPA, FL 33611 US

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

BARBATO, JOSEPH  
500 SOUTH HOWARD AVE. STE. F  
TAMPA, FL 33606 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:

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARBATO, JOSEPH  
Address: 500 SOUTH HOWARD AVE. STE. F  
City-St-Zip: TAMPA, FL 33606

Title: MGR  
Name: TABASCO, SHARON  
Address: 500 SOUTH HOWARD AVE. STE. F  
City-St-Zip: TAMPA, FL 33606

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: JOSEPH BARBATO

MGR

02/16/2011

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