

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091345

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** FROSTED OVER CUPCAKERY LLC

**Current Principal Place of Business:**

5120 MANATEE AVE W  
SUITE B  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

5120 MANATEE AVE W  
SUITE B  
BRADENTON, FL 34209 US

**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:**

ELISEO, STACIE  
5120 MANATEE AVE W  
SUITE B  
BRADENTON, FL 34209 US

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

STEWART, SHIRLEY  
5120 MANATEE AVE W  
SUITE B  
BRADENTON, FL 34209 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: SHIRLEY STEWART

05/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STEWART, SHIRLEY  
Address: 204 WOODVIEW WAY  
City-St-Zip: BRADENTON, FL 34212 US

Title: MGRM  
Name: ENNIS, JODI  
Address: 3748 SUMMERWIND CIRCLE  
City-St-Zip: BRADENTON, FL 34209 US

Title: MGRM  
Name: STEWART, KEITH  
Address: 204 WOODVIEW WAY  
City-St-Zip: BRADENTON, FL 34212 US

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: SHIRLEY STEWART

MGRM

05/03/2012

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