

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Mar 20, 2006 08:00 AM
Secretary of State**

DOCUMENT # L93000000084

**1. Entity Name
RON FROST, L.C.**



**Principal Place of Business
12515 SW 128TH ST
MIAMI, FL 33186**

**Mailing Address
12515 SW 128TH ST
MIAMI, FL 33186**



03152006 No Chg-LLC

CR2E083 (11/05)

**4. FEI Number
65-0402214**

**Applied For
Not Applicable**

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SINGER, DAVID
13320 SW 128TH ST.
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
FROST, RONALD
12515 SW 128 ST
MIAMI, FL 33186**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEM
FROST, JOANN
12515 SW 128 ST
MIAMI, FL 33186**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**000000475624
04/05/06-80023-008 50.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/06

305-235-7112