

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000037543

**Entity Name:** MAGICFROST LLC.

**Current Principal Place of Business:**

21051 NE HWY 27  
WILLISTON, FL 32696

**Current Mailing Address:**

21051 NE HWY 27  
WILLISTON, FL 32696

**FEI Number:** 46-3415142

**Certificate of Status Desired:** No

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

ALLEN, PATRICIA A  
21051 NE HWY 27  
WILLISTON, FL 32696 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           ALLEN, PATRICIA ANN  
Address        21051 NE HWY 27  
City-State-Zip: WILLISTON FL 32696

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PATRICIA A ALLEN

**MANAGING MEMBER**

**01/12/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date