2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2016
Secretary of State
CC3242774177

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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	MGRM
Name	ALLEN, PATRICIA A
Address	14251 NE 60TH STREET
City-State-Zip:	WILLISTON FL 32696

Title	AUTHORIZED MEMBER
Name	HOLAS, PATRICIA ANN
Address	21051 NE HWY 27
City-State-Zip:	WILLISTON FL 32696

Title	AUTHORIZED MEMBER
Name	RODRIGUEZ, SANTIAGO RAY
Address	21051 NE HWY 27
City-State-Zip:	WILLISTON FL 32696

Title	AUTHORIZED MEMBER
Name	ALLEN, ROBERT EUGENE
Address	21051 NE HWY 27
City-State-Zip:	WILLISTON FL 32696

Title	AUTHORIZED MEMBER
Name	RODRIGUEZ, SAMUEL LUIS
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 MGRM 02/26/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date