

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000084952

Entity Name: FROST BITES SHAVE ICE LLC

Current Principal Place of Business:

2215 E COUNTY HIGHWAY 30A
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

40 PT. WASHINGTON CT.
SANTA ROSA BEACH, FL 32459 US

FEI Number: 81-2454446

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULLETT, MICHAEL K
40 PT. WASHINGTON CT.
SANTA ROSA BEACH, FL 32459 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 AMBR
Name GULLETT, MICHAEL K
Address 40 PT. WASHINGTON CT.
City-State-Zip: SANTA ROSA BEACH FL 32459

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: MICHAEL K. GULLETT

AMBR

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date