2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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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:

PO BOX 4756
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
2215 E. COUNTY HWY 30A
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	MGR	Title	AMBR
Name	GULLETT, MICHAEL K	Name	GULLETT, KATY CAROLINE
Address	PO BOX 4756	Address	PO BOX 4756
City-State-Zip:	SEASIDE FL 32459	City-State-Zip:	SEASIDE 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: GULLETT , KATY CAROLINE AMBR 04/07/2018

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