

# 2003 LIMITED LIABILITY COMPANY

*Reinstatement*

DOCUMENT # L00000014809

1. Entity Name  
PEPE INVESTMENTS, LLC



FILED

04 MAY -4 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
1045 MORNING SUN WAY  
LAS VEGAS NV 89110

Mailing Address  
1045 MORNING SUN WAY  
LAS VEGAS NV 89110

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-1062260

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SINGER, BERNARD A ESO  
3107 STIRLING RD. STE 105  
FORT LAUDERDALE FL 33312

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

\$0.00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE *m b r m*  
NAME HARRY N. PEPE, JR. ~~LIVING TRUST~~  
STREET ADDRESS 1045 MORNING SUN WAY  
CITY-ST-ZIP LAS VEGAS NV 89110 ☐ Delete

TITLE *m b r m*  
NAME HARRY PEPE, JR ☒ Change ☐ Addition  
STREET ADDRESS 1045 Morning Sun Way  
CITY-ST-ZIP Las Vegas, NV 89110

TITLE *m b r m*  
NAME SCAGLIONE, LUCILLE  
STREET ADDRESS 1045 MORNING SUN WAY  
CITY-ST-ZIP LAS VEGAS NV 89110 ☐ Delete

TITLE  
NAME 300023450123 ☐ Change ☐ Addition  
STREET ADDRESS 09/30/03--01080--004 \*\*50.00  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME 300023450123 ☐ Change ☐ Addition  
STREET ADDRESS 05/13/04--01069--004 \*\*150.00  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X

SIGNATURE REQUIRED

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

Date

Daytime Phone #

X 9/24/03 702 4371246

CR2E083 (4/03)