

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

DOCUMENT # L03000029236

1. Entity Name

PEPPERMINT PATTIE'S WHOLESALE, LLC



**FILED
May 02, 2005 8:00 am
Secretary of State**

05-02-2005 90082 034 ****50.00

Principal Place of Business 1601 S. PALMETTO AVE. #14 SANFORD FL 32771 US		Mailing Address P.O. BOX 654 SANFORD FL 32772 US	
2. Principal Place of Business <i>1601 S. Palmetto Ave</i> Suite, Apt. #, etc.		3. Mailing Address <i>P.O. Box 654</i> Suite, Apt. #, etc.	
City & State <i>Sanford, FL</i>		City & State <i>Sanford, FL</i>	
Zip <i>32771</i>	Country <i>Seminole</i>	Zip <i>32772</i>	Country <i>Seminole</i>
6. Name and Address of Current Registered Agent HEWITT, JANET 1601 S. PALMETTO AVE. #14 SANFORD FL 32771		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	



1st MOORE CR2E083 (10/04)

4. FEI Number 06-1725126		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
7. Name and Address of New Registered Agent		

8. The above ~~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 obligation of the ~~entity~~ to pay the filing fee.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS		10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HEWITT, JANET 1601 S. PALMETTO AVE. SANFORD FL 32771	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Janet Hewitt - Janet Hewitt*

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

4-22-05 (407) 474-9143

Date

Daytime Phone #