2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/24/2006-90056-002-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10:26

03072006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L04000081341

1. Entity Name
PUREPINE ANIMAL BEDDING, LLC

Principal Place of Business	Mailing Address
20991 NE HWY 27 WILLISTON, FL 32696	20991 NE HWY 27 WILLISTON, FL 32696

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 — ✓ 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
CHAMBERLAIN, STEVEN M 618 FIRST STREET GAINESVILLE, FL 32601	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 ____________________

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR HODGE, EDWARD C SR 4351 NE 176TH AVE WILLISTON, FL 32696 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Eddie Hodge 4/20/06

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

Eddie Hodge 9/18/06