FILED
Aug 27, 2007 8:00 am
Secretary of State
04-27-2007 90029 026 ****50.00
08-27-2007 90122 039 ****50.00

• 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

L00055154

012902007 Cag-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 26-0489780 ☐ 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: _____ DATE

Filing Fee is $50.00 Due by May 1, 2007

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
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 605, Florida Statutes.

SIGNATURE: Edward C. Hodge Sr. Edward C. Hodge, Sr 4-20-07
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

7-10-07