


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000075142</b>					
<b>1. Entity Name</b> PEPPER PRODUCTS, LLC					
<b>Principal Place of Business</b> 901 BIRDIE WAY ST. AUGUSTINE, FL 32080			<b>Mailing Address</b> 1093 A1A BEACH BLVD., SUITE 200 ST. AUGUSTINE, FL 32080-6733		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-3241693	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
SNIDER, JAMES L 901 BIRDIE WAY ST. AUGUSTINE, FL 32080			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE <u>Henry E Clauson MGRM</u> <span style="float: right;">12/26/08</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After January 1, 2009, Fee will be \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BRAECKEL, MARCUS B 218 FLORIDA BLVD. NEPTUNE BEACH, FL 32266		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000139356220 12/30/08--01035--010 **138.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM BATES, WANDA R 539 DEER PATH ROAD GREEN COVE SPRINGS, FL 32043		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SNIDER, JAMES L 901 BIRDIE WAY ST. AUGUSTINE, FL 32080		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLAUSON, HENRY E 4621 PEELE ST ELKTON, FL 32033		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S. HAWKES JAN 5 2009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	EXAMINER		TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2008	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Henry E Clauson MGRM</u> <u>HENRY E CLAUSON</u> <span style="float: right;">12/26/08</span> <span style="float: right;">904-826-4317</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED

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SECTION 607.193(2)(b), F.S.



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