

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000075142

**Entity Name:** PEPPER PRODUCTS, LLC

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

901 BIRDIE WAY  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

539 DEER PATH ROAD  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1093 A1A BEACH BLVD., SUITE 200  
ST. AUGUSTINE, FL 320806733

**New Mailing Address:**

4621 PEELE STREET  
ELKTON, FL 32033

**FEI Number:** 20-3241693      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

SNIDER, JAMES L  
901 BIRDIE WAY  
ST. AUGUSTINE, FL 32080      US

**Name and Address of New Registered Agent:**

CLAUSON, HENRY E  
4621 PEELE STREET  
ELKTON, FL 32033      US

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.

SIGNATURE: HENRY E CLAUSON

05/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CLAUSON, HENRY E  
**Address:** 4621 PEEL STREET.  
**City-St-Zip:** ELKTON, FL 32033

**Title:** MGRM  
**Name:** BATES, WANDA R  
**Address:** 539 DEER PATH ROAD  
**City-St-Zip:** GREEN COVE SPRINGS, FL 32043

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: HENRYE CLAUSON

MGR

05/06/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date