

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000000381 1. Entity Name A.L. PEPPER, LLC	
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Principal Place of Business 7225 ST. ANNS CT. FT. MYERS, FL 33908	Mailing Address 123 N. MAIN STREET DUBLIN, PA 18917
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DO NOT WRITE IN THIS SPACE



02172005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 23-2955578	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**LOREN A. SCHULTZ
7225 ST. ANNS CT.
FT. MYERS, FL 33908**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

U00000238200
02/21/05-80087-019 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P SCHULTZ, LOREN A 7225 ST. ANNS CT. FT. MYERS, FL 33908
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **2-15-05 215-249-9401**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #