				04/20/20
that my name appears above, or on an	attachment with all other like empowere	ed.		
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: THOMAS W. SCOZZAFAVA

Electronic Signature of Signing Authorized Person(s) Detail

212 WEST MAIN STREET, PO BOX 725 SACKETS HARBOR, NY 13685

FEI Number: 16-1538244

Name and Address of Current Registered Agent:

ASHCRAFT, NAM 1900 S KANNER HIGHWAY 3-201 STUART, FL 34994 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:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(s) Detail.						
	Title	MGRM	Title	MGR		
	Name	ASHCRAFT, PEARL H	Name	SCOZZAFAVA, THOMAS W		
	Address	212 WEST MAIN STREET, PO BOX 725	Address	212 WEST MAIN STREET, PO BOX 725		
	City-State-Zip:	SACKETS HARBOR NY 13685	City-State-Zip:	SACKETS HARBOR NY 13685		

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under s; and

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000068812

Entity Name: PASTRY PRODUCT PRODUCERS, LLC

Current Principal Place of Business:

981 WATERMAN DRIVE WATERTOWN, NY 13601

Current Mailing Address:

MANAGER

04/29/2014 Date

Date

FILED Apr 29, 2014 Secretary of State CC7555631567