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 un 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 Statute that my name appears above, or on an attachment with all other like empowered.			
SIGNATURE: THOMAS SCOZZAFAVA	MANAGER	04/30/2015	

Electronic Signature of Signing Authorized Person(s) Detail

WATERTOWN NY 13601

Current Principal Place of Business:

Current Mailing Address:

981 WATERMAN DRIVE

DOCUMENT# L13000068812

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

FEI Number: 16-1538244

Name and Address of Current Registered Agent:

Entity Name: PASTRY PRODUCT PRODUCERS, LLC

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	uthorized Person(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

Date

FILED Apr 30, 2015 Secretary of State CC6880225846

Date

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT