

# 2001 UNIFORM BUSINESS REPORT (UBR)

0021867 AF

DOCUMENT # L00000012887

1. Entity Name  
NOBLE LEATHER, L.L.C.

FILED

01 MAY 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6320 S. TAMiami TRAIL  
SARASOTA FL 34231

Mailing Address  
6320 S. TAMiami TRAIL  
SARASOTA FL 34231



DO NOT WRITE IN THIS SPACE

MJH

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1049836

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUNNELLS, KENT P.A.  
101 MAIN ST., STE. A  
SAFETY HARBOR FL 34695

Name

Kent Runnells

Street Address (P.O. Box Number is Not Acceptable)

101 Main St. Suite A

City

Safety Harbor

FL

Zip Code

34645

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.

SIGNATURE Kent Runnells

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE Chief manager  
NAME Heidi Hiebscher  
STREET ADDRESS 7978 Royal Bredale CV  
CITY-ST-ZIP Bradenton, FL 34202

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Heidi Hiebscher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-24-01 941-925-2233

Date

Daytime Phone #

CR2E083 (11/00)