

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000012888

1. Entity Name

MAGNIFICENT LEATHER, L.L.C.

Principal Place of Business

Mailing Address

6320 S. TAMiami TRAIL  
SARASOTA FL 34231

6320 S. TAMiami TRAIL  
SARASOTA FL 34231

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

65-1049833

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name, Kent Runnells

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

101 Main St. Suite A

City Safety Harbor

FL

Zip Code

34695

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

TITLE Chief manager  
NAME Heidi Huebscher  
STREET ADDRESS 7978 Royal Bmkdale CN  
CITY-ST-ZIP Bradenton, FL 34202

☐ Delete

TITLE  
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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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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)(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 Huebscher 4-24-01 941-925-2233

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

Date

Daytime Phone #

FILED  
01 MAY 31 PM 4:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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CR2E083 (11/00)