2001	UNIFORM BUSI	NESS REPO	RT (UBR)		A S	
DOCUMENT # L00000015702  1. Entity Name				FILED		
				OLMAY 31 PM	01 MAY 31 PM 4: 47	
ACCLAIMED LEATHER, L.L.C.				SECRETARY OF	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac	ce of Business	Mailing Address		DALLERITAGOLLA		
				,		
2. Principal P	Place of Business	3. Mailing Address			2.5 I	1.8
6320 S. Taniani Trail 6320 S. Tani		iani Trail			56	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN	THIS SPACE	
City & Stat		City & State	Elamada	4. FEI Number 65-1071272	Applied For	
Zip	Country	Darasota,	Florida Country	5. Certificate of Status Desired	Not Applica  \$5.00 Additional	aule
3423	6. Name and Address of Current I	34231		7. Name and Address of New Regist	Fee Required	
	V. Name and Address of Current I	registered Agenit	Name	t Runnells	ered Agent	$\dashv$
Street Addres				(P.O. Box Number is Not Acceptable)		
				Main Street		
				îte A	Zin Code	_
			Safet	<del></del>	FL 34695	_
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regi	stered agent, or both, in the State of Florida.		
SIGNATURE .	Kent Runne	nd title if applicable. (NOTI	E: Registered Agent signature red		5-24-01	
	Signature, typed or printed harne or registered agent a		takan Marajakan saparan baran da		DATE	
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9.	MANAGING MEMBE	RS/MEMBERS	10.	ADDITIONS/CHA		$\square$ ,
TITLE NAME	chief manager Heidi Huebscher	☐ Delete	TITLE NAME		☐ Change ☐ Addi	lition   Co
STREET ADDRESS	ss 7978 Royal Birkdaic CN		STREET ADDRESS			(8
CITY-ST-ZIP	Bradenton, Fr. 34.	200	CITY-ST-ZIP			(
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STREET ADDRESS   City-5¶-zip			STREET ADDRESS CITY-ST-ZIP	•		
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NAME • * * STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
				Section 119.07(3)(i), Florida Statutes. I furth if made under oath; that I am a managing m		n
limited lial	bility company or the receiver or trustee	empowered to execute this r	report as required by Ch	hapter 608, Florida Statutes.	or or manager or me	
	Heidi Huebs	their		الاه عد کال ل	Q 1 7 - 25	ا ج
SIGNAT	SIGNATURE AND TYPED OR PRINTED NAME OF	<del></del>	AGER, OR AUTHORIZED REPR	4-24-01 941 ESENTATIVE Date	√ 700 0 J J 300 Daytime Phone #	-