## 2001 UNIFORM BUSINESS REPORT (UBR)

			\ ,		
DOCUMENT # L00000615850  1. Entity Name				FILED	
BEAUTIFUL LEATHER, L.L.C.				01 MAY 31 PM 4: 47;	
Principal Place of Business Mailing Address				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
٠					
	Place of Business J. Dale Nahry	3. Mailing Address	miani Trail	- Mil	
Suite, Apt	t. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Sta	or. Florida		Florida	4. FEI Number Applied For U.5 - 107   27   Not Applica	
Zip . 334	Country Country	34J31	Country	5. Certificate of Status Desired Spee Required Fee Required	
	6. Name and Address of Curren	t Registered Agent		7. Name and Address of New Registered Agent	
	•			nt Runnells ss.(P.O. Box Number is Not Acceptable) Hain St.	
			City	te A  FL 399495	
8. The above	e named entity submits this statement f	or the purpose of changing it	s registered office or regis	stered agent, or both, in the State of Florida.	
SIGNATURE	Kent Rung Signatule, typed or printed name of registered agen	t and title if applicable. (NO	TE: Registered Agent signature requ	5-24-01  DATE	
			OWIII_FEE IS \$50.0		
		Make Check P	ayable to Department	t of State	
9.	MANAGING MEME	BERS/MEMBERS	10.	ADDITIONS/CHANGES	
TITLE - NAME STREET ADDRESS	chief manager Heidi Huebsche 7978 Royal BMC	dale av	TITLE NAME STREET ADDRESS	☐ Change ☐ Addit	
CITY-ST-ZIP TITLE	Bradenton, Fr.	54 3 0 3− □ Delete	CITY-ST-ZIP	☐ Change ☐ Additi	
NAME STREET ADDRESS CITY-ST-ZIP	,		NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	70000443511€ Changer □ Addition 1000000000000000000000000000000000000	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	_ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	
<u>-</u> -		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	
NAME STREET ADDRESS		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additi	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  11. I hereby a indicated	certify that the information supplied with on this report is true and accurate and billity company or the receiver or truste	n this filing does not qualify for If that my signature shall have e empowered to execute this	CITY-SI-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  or the came lengt effect as if	Section 119.07(3)(i), Florida Statutes. I further certify that the information made under eath, that Lama managing member or manager of the	