2001 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT #** L00000015854 OI MAY 31 PM 4: 47 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA OPUS LEATHER, L.L.C. Principal Place of Business Mailing Address 2. Principal Place of Business 3. Mailing Address 6320 S. Taniani Trail 6320 S. Janiani Trai Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Surasota 4. FEI Number City & State Applied For Florida 65-107126° 10 mida Not Applicable saraso ta 34231 Country Country \$5.00 Additional 5. Certificate of Status Desired $\Box$ 34231 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Runnells Street Address (P.O. Box Number is Not Acceptable) SwiteA 101 Han 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 Signature, typed or printed name of registered agent and title if applicable to the signature. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. CR2E083 (11/00) chiet manager ☐ Addition TITLE ☐ Delete Change TITLE Huebscher Haidi NAME NAME Royal Brikdale CIT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Bradenton, Fr. 3420 & CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME 300004430123----06/19/01--01078--004 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00 TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME STREET ADDRÉSS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

4-24-01

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.