## FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am<sup>§</sup> Secretary of State DOCUMENT # L0000015855 1. Entity Name 05-22-2002 90213 037 \*\*\*\*50.00 PINNACLE LEATHER, L.L.C. Principal Place of Business Mailing Address 6320 S. TAMIAMI TRAIL 6320 S. TAMIAMI TRAIL SARASOTA FL 34231 SARASOTA FL 34231 2. Principal Place of Business 3. Mailing Address Pinnacie Leather LLC Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE dba The Leather Collection 8387D Leesburg Pike City & State 4. FEI Number Applied For 65-1071268 Pike 7 Mail Space 25 Not Applicable Zip Country **Vienna VA 22182<sup>Country</sup>** \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **RUNNELLS, KENT** Street Address (P.O. Box Number is Not Acceptable) 101 MAIN ST., STE. A SAFETY HARBOR FL 34695 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE Change ☐ Addition HUEBSCHER, HEIDI NAME NAME STREET ADDRESS 7978 ROYAL BIRKDALE CIRCLE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Delete TITLE Addition Change NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

Jacobscher D

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Heidi Huebscher

30 - April - 2002

☐ Change

☐ Addition

(0/1) 025-223