

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018217

FILED
Jun 15, 2009
Secretary of State

Entity Name: LEATHER MASTER OF KEY WEST, LLC

Current Principal Place of Business:

418 APPELROUTH LANE
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 5501
KEY WEST, FL 33045

New Mailing Address:

FEI Number: 65-1150623 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WAYNE LARUE SMITH
C/O THE SMITH LAW FIRM
333 FLEMING STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

KAUFMAN, SAMUEL J
1509 JOSEPHINE ST
KEY WEST, FL 33040 US

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: SAMUEL J. KAUFMAN

06/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: DYESS, WILBUR L
Address: PO BOX 5501
City-St-Zip: KEY WEST, FL 33045

Title: P (X) Delete
Name: CORELLA, PASQUALE J
Address: PO BOX 5501
City-St-Zip: KEY WEST, FL 33045

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CORELLA, PASQUALE J
Address: PO BOX 5501
City-St-Zip: KEY WEST, FL 33045 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PASQUALE J. CORELLA

MGR

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date