

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90009 045 \*\*\*\*50.00

**DOCUMENT # L01000020068**

1. Entity Name

ITALIAN LEATHER SEATING, L.L.C.



Principal Place of Business

1044 HIGHWAY 98 EAST, SUITE 1506  
DESTIN FL 32541

Mailing Address

1044 HIGHWAY 98 EAST, SUITE 1506  
DESTIN FL 32541

2. Principal Place of Business

1077 HWY 98E SUITE 100

Suite, Apt. #, etc.

100

City & State

DESTIN, FL

Zip

32541

Country

USA

3. Mailing Address

1077 HWY 98E SUITE 100

Suite, Apt. #, etc.

100

City & State

DESTIN, FL

Zip

32541

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 26-0007408

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

MATTHEWS, DANA C ESQ.

607 HIGHWAY 98 EAST

DESTIN FL 32541

7. Name and Address of New Registered Agent

Name

ELLIS DEAN WILHELMSEN

Street Address (P.O. Box Number is Not Acceptable)

1077 HWY 98 EAST - SUITE 100

City

DESTIN

FL

Zip Code

32541

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

*Ellis Dean Wilhelmsen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/13/03

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
LEATHER CONNECTIONS, INC.  
1044 HIGHWAY 98 EAST, SUITE 1506  
DESTIN FL 32541 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE  
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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.

SIGNATURE:

*Ellis Dean Wilhelmsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2/28/03 866/837-7522

Date

Daytime Phone #

CR2E083 (10/02)