

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90073 045 \*\*\*\*50.00

DOCUMENT # L03000014133

1. Entity Name  
J.Q. LEATHERCRAFTS, LLC



Principal Place of Business  
11929 E. COLONIAL DR.  
ORLANDO, FL 32826-4703

Mailing Address  
11929 E. COLONIAL DR.  
ORLANDO, FL 32826-4703

24084505



2. Principal Place of Business

4337 Cypress Bay CT.

3. Mailing Address

P.O. Box 621761

09022004 Chg-LLC CR2E083 (10/03)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

01-0779671

Applied For

Not Applicable

Zip

32822

Country

USA

Zip

32862

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

QUICKENDEN, JOSEPH T  
11929 E. COLONIAL DR.  
ORLANDO, FL 32826-4703

7. Name and Address of New Registered Agent

Name

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

4337 Cypress Bay Court

City

Orlando

FL

Zip Code

32822

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Joseph T. Quickenden  
4337 Cypress Bay Court  
Orlando, FL 32822

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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:

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

Date

Daytime Phone #

2 Sep 04 407-275-5970

**JQ LEATHERCRAFTS LLC**

Attachment  
241084505  
LO3000014133

Joseph Quickenden  
PO Box 621761  
Orlando, FL  
32862-1761

Phone 407-275-5972

September 03, 2004

Division of Corporations  
PO Box 6478  
Tallahassee, FL

To whom it may concern

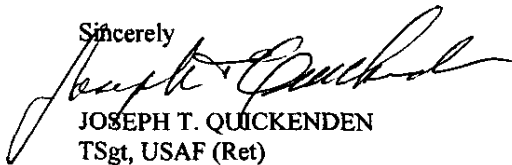
Due to circumstances beyond my control the Mail Room Etc closed without notice. This caused other persons and myself enormous problems since we could not get our mail out of the boxes and the PO was no help.

Because of this, I missed notifying several entities of my mailing address change. Now I find out the you were one of them. Sorry for the delay.

As you will notice on the form, the hand written items are current and correct location and mailing address of my business. and will remain so for the foreseeable future. Being 71 my next move will be to join the man upstairs.

Than you.

Sincerely



JOSEPH T. QUICKENDEN  
TSgt, USAF (Ret)