


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**


02-09-2005 90152 040 \*\*\*\*55.00

<b>DOCUMENT # L03000014133</b>	
1. Entity Name <b>J.Q. LEATHERCRAFTS, LLC</b>	

Principal Place of Business <b>4337 CYPRESS BAY CT ORLANDO FL 32822</b>	Mailing Address <b>PO BOX 621761 ORLANDO FL 32862</b>
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2. Principal Place of Business <b>4337 CYPRESS BAY CT</b>	3. Mailing Address <b>PO BOX 621761</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>ORLANDO FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32822</b>	Zip <b>32862</b>
Country <b>USA</b>	Country <b>USA</b>

	
1st MOORE	CR2E083 (10/04)
4. FEI Number <b>01-0779671</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>QUICKENDEN, JOSEPH T 4337 CYPRESS BAY CT ORLANDO FL 32822</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>4337 CYPRESS BAY COURT</b> City <b>ORLANDO</b> FL Zip Code <b>32822</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<p><b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005.</b></p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR QUICKENDEN, JOSEPH T 4337 CYPRESS BAY CT ORLANDO FL 32822 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Joseph T Quickenden Date: 4 Feb 05 Daytime Phone #: 407-775-5972