

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90065 022 ****50.00

DOCUMENT # L03000033213

1. Entity Name
DEEB LEATHER IMPORTS LLC



Principal Place of Business
9999 SUMMERBREEZE DR.
#202
SUNRISE, FL 33322 US

Mailing Address
9999 SUMMERBREEZE DR.
#202
SUNRISE, FL 33322 US

24057129



2. Principal Place of Business
8230 CLEARY BLVD #2302
Suite, Apt. #, etc.
PLANTATION FL
City & State

3. Mailing Address
8230 CLEARY BLVD
Suite, Apt. #, etc.
2302
City & State
PLANTATION FL

02222004 Chg-LLC CR2E083 (10/03)

4. FEI Number 35-2214842 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

Zip Country
33324 USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEGALZOOM NEVADA INC
44 W. FLAGLER ST.
SUITE 675
MIAMI, FL 33130

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME DEEB, MICHAEL T
STREET ADDRESS 9999 SUMMERBREEZE DR., #202
CITY-ST-ZIP SUNRISE, FL 33322 ☐ Delete

TITLE
NAME 8230 CLEARY BLVD #2302
STREET ADDRESS PLANTATION FL 33324 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

5/14/04 954-370-3084 Date Daytime Phone #