

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042957

Entity Name: SYED LEATHERS LLC

FILED
May 22, 2008
Secretary of State

Current Principal Place of Business:

1921 CENTRAL FL PKWY
ORLANDO, FL 32838

New Principal Place of Business:

Current Mailing Address:

1921 CENTRAL FL PKWY
ORLANDO, FL 32838

New Mailing Address:

FEI Number: 20-2434332 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

SYED, MASUM A
1921 CENTRAL FL PKWY
ORLANDO, FL 32838 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SYED, MASUM
Address: 12001 ROMERO COURT
City-St-Zip: ORLANDO, FL 32837

Title: MGR () Delete
Name: SYED, MEREDITH
Address: 12001 ROMERO COURT
City-St-Zip: ORLANDO, FL 32837

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SYED, STEFAN
Address: 12001 ROMERO COURT
City-St-Zip: ORLANDO, FL 32837

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: MASUM SYED

MGR

05/22/2008

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