

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113641

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** LEATHER MEDIC CARE, LLC

**Current Principal Place of Business:**

13891 JETPORT LOOP ROAD  
#24  
FT. MYERS, FL 33913

**New Principal Place of Business:**

5565 LEE ST # 1  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

13891 JETPORT LOOP ROAD  
#24  
FT. MYERS, FL 33913

**New Mailing Address:**

5565 LEE ST # 1  
LEHIGH ACRES, FL 33971

**FEI Number:** 26-1547204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BRINKLEY, LINSTER E JR.  
146 SECOND STREET N  
SUITE 310  
SAINT PETERSBURG, FL 33701 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: MGRM  
Name: LEATHER MEDIC SERVICES, INC.  
Address: 5565 LEE ST # 1  
City-St-Zip: LEHIGH ACRES, FL 33971

I hereby 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: CHADE LIFE

M

02/18/2010

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