

PO20000042683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

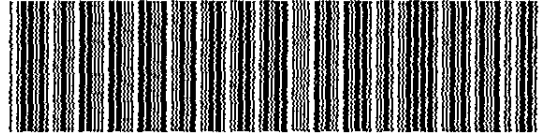
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DESIGNER LEATHER GOODS OF FLORIDA, INC.
(Name of corporation)

DOCUMENT NUMBER: P02000042683

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott R. Willinger, Esq.

(Name of person)

Sax, Willinger & Gold

(Name of firm/company)

8180 N W 36 Street, Suite 100

(Address)

Miami, Florida 33166

(City/state and zip code)

For further information concerning this matter, please call:

Scott R. Willinger, Esq.

(Name of person)

at (305) 591-1040

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

SAX, WILLINGER & GOLD
A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

Attorneys at Law Telephone: 305/591-1040
8180 N.W. 36 Street Broward: 954/437-9279
Suite 100 Facsimile: 305/592-9699
Miami, Florida 33166 E-mail: law@swglawyers.com

August 27, 2003

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Designer Leather Goods of Florida, Inc.
Document No: P02000042683

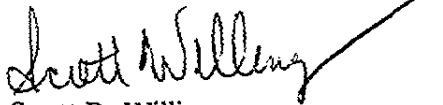
Greetings:

This office represents Designer Leather Goods of Florida, Inc. Enclosed is the application for reinstatement together with a check in the amount of \$150.00 which represents filing fees for the year 2003.

My client is requesting a waiver of the \$750.00 reinstatement fee based on the following facts. This corporation did not receive its annual report. The Registered Agent of record failed to forward and/or inform the principals of the receipt of the annual report. As a result, the corporation is in the process of changing the Registered Agent to this office. Enclosed is the appropriate form and fee for accomplishing same.

Based upon the above stated facts, my client respectfully requests a wavier of the reinstatement fee and has in good faith tendered the sum of \$150.00 representing the annual report fee for the year 2003. Please consider this request and advise this office accordingly.

Very truly yours,



Scott R. Willinger
SRW/dam
Enclosure
cc: Client


**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
this statement of change is submitted for a corporation organized under the laws of the State of
Florida in order to change its registered office or registered agent, or both, in the State
of Florida.

1. The name of the corporation: Designer Leather Goods of Florida, Inc.
2. The principal office address: 320 San Lorenzo, Suite 1107, Miami, Florida 33146
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/19/2002 Document number: P02000042683
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:
Nationscorp Registered Agents, Inc.
526 E. Park Avenue
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if
changed): Scott R. Willinger, Esq.
8180 N W 36 Street, Suite 100
(P.O. Box or personal mailbox NOT acceptable)
Miami, Florida 33166


The street address of its registered office and the street address of the business office of its registered
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer, chairman or vice chairman of the board)

Veronica Bittolon
(Printed or typed name and title)

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete
performance of my duties, and I am familiar with and accept the obligation of my position as
registered agent. Or, if this document is being filed merely to reflect a change in the registered
office address, I hereby confirm that the corporation has been notified in writing of this change.*


(Signature of Registered Agent)

8/27/03

(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

FILED
2003 SEP -2 AM 10:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA