

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000127366

Entity Name: LEGENDARY LEATHERS LLC

Current Principal Place of Business:

5259 CANE ISLAND LOOP
APT #102
KISSIMMEE, FL 34746

Current Mailing Address:

5259 CANE ISLAND LOOP
APT #102
KISSIMMEE, FL 34746 US

FEI Number: 47-2604880

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JIM, SHACKELFORD T
5259 CANE ISLAND LOOP
APT #102
KISSIMMEE, FL 34746 US

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

Authorized Person(s) Detail :

Title AMBR
Name SHACKELFORD, JIM T
Address 5259 CANE ISLAND LOOP, APT 102
City-State-Zip: KISSIMMEE FL 34746

Title AMBR
Name WESTERMAN, LOUIS J
Address 5259 CANE ISLAND LOOP, APT 102
City-State-Zip: KISSIMMEE FL 34746

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JIM T SHACKELFORD

AMBR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date