

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029900

**Entity Name:** MTC LEATHERS LLC

**Current Principal Place of Business:**

4440 S TIFFANY DRIVE  
UNIT 3  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

120 S OLIVE AVE  
STE 402  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 84-4413416

**Certificate of Status Desired:** No

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

MEMORY TREES LLC  
120 S OLIVE AVE  
STE 402  
WEST PALM BEACH, FL 33401 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 MGR  
Name BESTER, RUDOLPH  
Address 120 S OLIVE AVE, STE 402  
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR  
Name MTC EQUITY PARTNERS LLC  
Address 120 S OLIVE AVE, STE 402  
City-State-Zip: WEST PALM BEACH FL 33401

Title MGR  
Name BESTER, REECE  
Address 120 S OLIVE AVE, STE 402  
City-State-Zip: WEST PALM BEACH FL 33401

Title AMBR  
Name MEMORY TREES LLC  
Address 120 S OLIVE AVE, STE 402  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** RUDOLPH BESTER

**MANAGER**

**01/04/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date