

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000029900

**FILED**  
**Jan 17, 2023**  
**Secretary of State**  
**0577527557CC**

**Entity Name:** MTC LEATHERS LLC

**Current Principal Place of Business:**

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

**Current Mailing Address:**

6742 FOREST HILL BLVD., STE 257  
WEST PALM BEACH, FL 33413-3321 US

**FEI Number:** 84-4413416

**Certificate of Status Desired:** No

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

MEMORY TREES LLC  
6742 FOREST HILL BLVD., STE 257  
WEST PALM BEACH, FL 33413-3321 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 6742 FOREST HILL BLVD., STE 257  
City-State-Zip: WEST PALM BEACH FL 33413-3321

Title AMBR  
Name MTC EQUITY PARTNERS LLC  
Address 6742 FOREST HILL BLVD., STE 257  
City-State-Zip: WEST PALM BEACH FL 33413-3321

Title MGR  
Name BESTER, REECE  
Address 6742 FOREST HILL BLVD., STE 257  
City-State-Zip: WEST PALM BEACH FL 33413-3321

Title AMBR  
Name MEMORY TREES LLC  
Address 6742 FOREST HILL BLVD., STE 257  
City-State-Zip: WEST PALM BEACH FL 33413-3321

Title AUTHORIZED MEMBER  
Name BESTER, DEBBIE  
Address 6742 FOREST HILL BLVD., STE 257  
City-State-Zip: WEST PALM BEACH FL 33413-3321

*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**

**01/17/2023**

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

\_\_\_\_\_  
Date