

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000126278

Entity Name: 1 TOUCH BARBERSHOP "LLC."

Current Principal Place of Business:

439 WEST GAINES STREET, STE. A
TALLAHASSEE, FL 32304

Current Mailing Address:

439 WEST GAINES STREET, STE. A
TALLAHASSEE, FL 32304

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMEZ, RONY
439 WEST GAINES STREET, STE. A
TALLAHASSEE, FL 32304 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 MGRM
Name CONDE, LUIS
Address 2535 W THARPE
City-State-Zip: TALLAHASSEE FL 32301

Title OWNER
Name GOMEZ, RONY
Address 439 W GAINES ST
A
City-State-Zip: TALLAHASSEE FL 32301

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: RONY GOMEZ

OWNER

04/26/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date