

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000101717

**Entity Name:** SPECIAL EDITION BARBER SHOP LLC

**Current Principal Place of Business:**

719 DORADO AVE  
ORLANDO, FL 32807

**Current Mailing Address:**

719 DORADO AVE  
ORLANDO, FL 32807 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SCHMIDT, PETER ASR  
719 DORADO AVE  
ORLANDO, FL 32807 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 SCHMIDT, PETER ASR  
Address 719 DORADO AVE  
City-State-Zip: ORLANDO FL 32807

*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:** PETER SCHMIDT

**OWNER**

**04/30/2014**

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

\_\_\_\_\_  
Date