

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000048337

**Entity Name:** PERFECT EDGE BARBERSHOP LLC

**Current Principal Place of Business:**

4015 S WESTSHORE BLVD  
SUITE 4  
TAMPA, FL 33611

**Current Mailing Address:**

4015 S WESTSHORE BLVD  
SUITE 4  
TAMPA, FL 33611

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

RIBORDY, BERNARD  
8780 SEMINOLE BLVD  
SEMINOLE, FL 33772 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 HAJI, SHAMSUDDIN  
Address 18038 MALAKAI ISLE DR  
City-State-Zip: TAMPA FL 33647

*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:** SHAMSUDDIN HAJI

**MANAGER**

**04/20/2015**

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

\_\_\_\_\_  
Date