

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000172238

**Entity Name:** THE SPOT BARBERSHOP FRANCHISING, LLC

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
BARBERSHOP SUITE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
BARBERSHOP SUITE  
CORAL GABLES, FL 33134 US

**FEI Number:** 81-3861649

**Certificate of Status Desired:** No

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

PERDOMO, FREDIS F  
1600 PONCE DE LEON BLVD.  
BARBERSHOP SUITE  
CORAL GABLES, FL 33134 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 AMBR  
Name PERDOMO, FREDIS F  
Address 1600 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name PERDOMO, JUAN C  
Address 1600 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name ARBELAEZ, SANTIAGO  
Address 1600 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33334

Title AMBR  
Name HERNANDEZ, DIANA  
Address 1600 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

Title AMBR  
Name MARIN, YADDIEL  
Address 1600 PONCE DE LEON BLVD.  
City-State-Zip: CORAL GABLES FL 33134

*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:** JUAN C PERDOMO

AMBR

04/26/2017

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

\_\_\_\_\_  
Date