

2021 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:**1444 BISCAYNE BLVD
#301
MIAMI, FL 33132 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 33134Title AMBR
Name PERDOMO, JUAN C
Address 1600 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134Title AMBR
Name HERNANDEZ, DIANA
Address 1600 PONCE DE LEON BLVD.
City-State-Zip: CORAL GABLES FL 33134Title 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: YADDIEL MARIN

AMBR

02/26/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date