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: ANDREA LYMAN MANAGER

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

Electronic Signature of Signing Authorized Person(s) Detail

# **Current Principal Place of Business:**

2420 N UNIVERSITY DR

DOCUMENT# L17000128928

## **Current Mailing Address:**

6501 CONGRESS AVE **STE 100** 

## FEI Number: 30-0999759

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

Entity Name: CHAMP OF BARBERS VINCENT LLC

LYMAN, ANDREA 6501 CONGRESS AVE **STE 100** BOCA RATON, FL 33487 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

#### Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	EIRIK INGERHEIM INVEST LLC	Name	LYMAN, ANDREA LIN
Address	8600 TWIN LAKE DR	Address	6501 CONGRESS AVE STE 100
City-State-Zip:	BOCA RATON FL 33496	City-State-Zip:	BOCA RATON FL 33487

BOCA RATON, FL 33487 US

CORAL SPRINGS. FL 33065

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State 6206377357CC

FILED Mar 13, 2019

Certificate of Status Desired: No

03/13/2019

Date