

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000166648

**Entity Name:** ACE OF FADEZ BARBERSHOP LLC

**Current Principal Place of Business:**

3519 NORTH PINE ISLAND RD  
SUNRISE, FL 33351

**Current Mailing Address:**

55 MOUNT HOREB ROAD  
WARREN, NJ 07059 US

**FEI Number:** 82-2528190

**Certificate of Status Desired:** Yes

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

SUAREZ, PAULA G  
3519 NORTH PINE ISLAND RD  
SUNRISE, FL 33351 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	Title	MGR
Name	SUAREZ, PAULA G	Name	MOLINA, PEDRO E
Address	3519 NORTH PINE ISLAND RD	Address	3519 NORTH PINE ISLAND RD
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	SUNRISE FL 33351

*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:** PAULA SUAREZ

**MANAGER**

**02/13/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date