

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000066456

**Entity Name:** FADE AND COMBS BARBER LOUNGE, LLC

**Current Principal Place of Business:**

3546 ST JOHNS BLUFF RD S  
UNIT 107  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

3546 ST JOHNS BLUFF RD S  
UNIT 107  
JACKSONVILLE, FL 32224 US

**FEI Number:** 82-4835456

**Certificate of Status Desired:** No

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

CORPS, FERNANDO Y  
7109 FORTH CAROLINE HILLS DR  
JACKSONVILLE, FL 32277 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            CORPS, FERNANDO Y  
Address        7109 FORT CAROLINE HILLS DR  
City-State-Zip: JACKSONVILLE FL 32277

*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:** FERNANDO Y CORPS

**GENERAL MEMBER**

**04/18/2021**

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

\_\_\_\_\_  
Date