

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000154927

**Entity Name:** BARBAROJAS BARBERSHOP LLC

**Current Principal Place of Business:**

4941 POOLSIDE DR.  
SAINT CLOUD, FL 34769

**Current Mailing Address:**

4941 POOLSIDE DR.  
SAINT CLOUD, FL 34769

**FEI Number: 83-1675261**

**Certificate of Status Desired: No**

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

HERMIDA, JUAN C  
4941 POOLSIDE DR  
SAINT CLOUD, FL 34769 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            | HERMIDA, JUAN C      | Name            | HERMIDA, ALEXANDRA M |
| Address         | 4941 POOLSIDE DR     | Address         | 4941 POOLSIDE DR     |
| City-State-Zip: | SAINT CLOUD FL 34769 | City-State-Zip: | SAINT CLOUD FL 34769 |

*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 CARLOS HERMIDA**

**MANAGER**

**05/10/2020**

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

\_\_\_\_\_  
Date