

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000001948

Entity Name: TRI CITY BARBERS, LLC

**FILED**  
**Nov 30, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

11125 PARK BLVD  
SUITE 104 #148  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

11125 PARK BLVD  
SUITE 104 #148  
SEMINOLE, FL 33772

**New Mailing Address:**

FEI Number: 59-3626330

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HIGH, JOHN N IV  
11125 PARK BLVD  
SUITE 104 #148  
SEMINOLE, FL 33772 US

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

HIGH, JOHN N MGR  
11125 PARK BLVD  
SUITE 104 #148  
SEMINOLE, FL 33772 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: JOHN N. HIGH

11/30/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HIGH, JOHN  
Address: 11125 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HIGH, JOHN N  
Address: 11125 PARK BLVD  
City-St-Zip: SEMINOLE, FL 33772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JOHN N. HIGH

MGR

11/30/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date