

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039277

FILED  
May 03, 2006  
Secretary of State

**Entity Name:** SAM'S CUT CREATIONS BARBERSHOP, LLC

**Current Principal Place of Business:**

8685 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Principal Place of Business:**

**Current Mailing Address:**

8685 W MCNAB ROAD  
TAMARAC, FL 33321 US

**New Mailing Address:**

**FEI Number:** 75-3132459 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

JONES, SAMANTHA P  
2200 NW 60 AVENUE  
SUNRISE, FL 33313 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** JONES, DAVID A  
**Address:** 2200 NW 60 AVENUE  
**City-St-Zip:** SUNRISE, FL 33313 US

**Title:** MGR ( ) Delete  
**Name:** JONES, SAMANTHA P  
**Address:** 2200 NW 60 AVENUE  
**City-St-Zip:** SUNRISE, FL 33313

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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:** SAMANTHA P. JONES

MGR

05/03/2006

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