

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000023867

1. Entity Name
BENNY'S BARBER SHOP, BEAUTY SALON & SPA, L.L.C.



Principal Place of Business
16460 SW 144 AVENUE
MIAMI, FL 33177

Mailing Address
16460 SW 144 AVENUE
MIAMI, FL 33177

FILED
06 APR 27 AM 11:01

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



04192006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
20-2780934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMADOR, BERNARDO
16460 SW 144 AVENUE
MIAMI, FL 33177

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
AMADOR, BERNARDO
16460 SW 144 AVENUE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALVAREZ, REINA
16460 SW 144 AVENUE
MIAMI, FL 33177

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
[Signature]

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

700074148357
05/08/06--01014--024 **400.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/19/06 305-3862426