

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 10, 2006 08:00 A
Secretary of State

DOCUMENT # L04000079775

1. Entity Name
KUTZ UNISEX BARBER SHOP, LLC



Principal Place of Business
**2721 S. OAKLAND FOREST DRIVE
202
OAKLAND PARK, FL 33309**

Mailing Address
**2721 S. OAKLAND FOREST DRIVE
202
OAKLAND PARK, FL 33309**



03312006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1916759

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**LUKE, MICHAEL
2721 S. OAKLAND FOREST DRIVE
202
OAKLAND PARK, FL 33309**

**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
**MGR
LUKE, MICHAEL
2721 S. OAKLAND FOREST DRIVE
OAKLAND PARK, FL 33309**

TITLE
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05/20/06-80133-013 50.00

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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: *Michael Luke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

5/2/06

Date

(954) 873 7956

Daytime Phone #