

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019338

Entity Name: NATE'S CUTS LLC

**FILED**  
**Mar 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

194 ARBOR LANE  
EDGEWATER, FL 32141

**New Principal Place of Business:**

**Current Mailing Address:**

131 SILVER CIRCLE  
EDGEWATER, FL 32141

**New Mailing Address:**

FEI Number: 59-3840971

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ALLEN, NATHAN P OWNER  
194 ARBOR LANE  
EDGEWATER, FL 32141 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  
Name: ALLEN, NATHAN P OWNER  
Address: 194 ARBOR LANE  
City-St-Zip: EDGEWATER, FL 32141

I hereby 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: NATHAN PAUL ALLEN

MGR

03/28/2011

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