2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000050968

1. Entity Name
THE VILLAGE BARBER OF ROYAL PALM BEACH, LLC



FILED
Jan 17, 2007 8:00 am
Secretary of State
01-17-2007 90009 031 ****50.00

1112 4124	AGE DANDER OF ROTAL	ALIVI BEACH, LEC	(E)					
Principal Place of Business 10045 W. BELVEDERE ROAD NO. 3 ROYAL PALM BEACH, FL 33411		Mailing Address 10045 W. BELVEDERE ROAD NO. 3 ROYAL PALM BEACH, FL 33411		A TOURNOUS O	H ABIN BAH BAH ABIN BAH A	III II III II III II II II II II II II	(189) HI 189)	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	491322	/ —	oplied For ot Applicable	
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Current R	Registered Agent			7. Name an	d Address of New Reg	jistered Agent	
DINCE LA	ADENCE E		Na	ame				
DUKE, LAWRENCE F 10045 W. BELVEDERE ROAD NO. 3		Street Address		reet Address (F	(P.O. Box Number is Not Acceptable)			
	ALM BEACH, FL 33411							
			Ci	ty			FL Zip Cod	le
	named entity submits this statement for itoms of registered agent.	the purpose of changing its re	egistered of	fice or register	ed agent, or be	oth, in the State of Florid	da. I am familiar with,	and accept
SIGNATURE		_						
	Signature, typed or printed name of registered agent ar	nd tate if applicable. (NOTE: (Registered Agen	nt signature required	when reinstating)		DATE	
Filing Fee Is \$50.00 Due by May 1, 2007				Make check payable to Florida Department of State				
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/C	HANGES	
TITLE	MGRM	☐ Delete	TITLE	į			Change	☐ Addition
DUKE, LAWRENCE F		Ο 3	NAME STREET ADD	Notec				
STREET ADDRESS 10045 W. BELVEDERE ROAD, N CITY-ST-ZIP ROYAL PALM BEACH, FL 3341			CITY-ST-ZI					
TITLE NAME STREET ADDRESS	ti _j	☐ Delete	TITLE NAME STREET ADD	narce			[] Change	Addition
CATY-ST-ZIP			CITY-ST-Z	<u> </u>				
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADE	<u> </u>				
TITLE		☐ Delete	TITLE				Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME STREET ADDRESS			NAME STREET ADD	noree				
CITY-ST-ZIP			CITY-ST-ZI	I				
	L	this filing does not qualify for t		l l	in Chapter 119	. Florida Statutes, I furti	her certify that the info	ormation

I nereby certify that the information supplied with ritis filing does not qualify for the exemptions contained in chapter 119, Horida Statutes. I runner 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: Laurence 7 Ocho	1-11-07	531-753-6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M	WAGER, OR AUTHORIZED REPRESENTATIVE DE	te Daytime Phone #