

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052029

FILED
Apr 30, 2009
Secretary of State

Entity Name: REAL VISION BARBER ACADEMY LLC

Current Principal Place of Business:

455 N. LIME AVE.
SARASOTA, FL 34237

New Principal Place of Business:

455 N. LIME AVENUE
SARASOTA, FL 34237

Current Mailing Address:

455 N. LIME AVE.
SARASOTA, FL 34237

New Mailing Address:

455 N. LIME AVENUE
SARASOTA, FL 34237

FEI Number: 20-4911998

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATKINS, CORNELIUS MANAGER
455 N. LIME AVE.
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

WATKINS, CORNELIUS MANAGER
455 N. LIME AVENUE
SARASOTA, FL 34237 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGMR () Delete
Name: WATKINS, CORNELIUS
Address: 455 N. LIME AVE.
City-St-Zip: SARASOTA, FL 34237

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: WATKINS, CORNELIUS
Address: 455 N. LIME AVENUE
City-St-Zip: SARASOTA, FL 34237

I hereby certify that the information supplied with this filing does not qualify 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: CORNELIUS WATKINS

CEO

04/30/2009

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