

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000053803

Entity Name: ALL-STAR BARBER SHOP, LLC

FILED
Jun 26, 2008
Secretary of State

Current Principal Place of Business:

2824 MICHIGAN AVENUE
SUITE 105
KISSIMMEE, FL 34744 US

Current Mailing Address:

1616 W. EMMETT STREET
KISSIMMEE, FL 34741 US

New Principal Place of Business:

2824 MICHIGAN AVENUE
SUITE E
KISSIMMEE, FL 34744 US

New Mailing Address:

2824 MICHIGAN AVENUE
SUITE E
KISSIMMEE, FL 34744 US

FEI Number: 27-0142354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SENQUIZ, WILLIAM D
1616 W. EMMETT STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

SENQUIZ, WILLIAM D
2824 MICHIGAN AVE
SUITE E
KISSIMMEE, FL 34744 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: WILLIAM D SENQUIZ

06/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SENQUIZ, WILLIAM D
Address: 1616 W. EMMETT STREET
City-St-Zip: KISSIMMEE, FL 34741 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SENQUIZ, WILLIAM D
Address: 2824 MICHIGAN AVE, SUITE E
City-St-Zip: KISSIMMEE, FL 34744 US

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: WILLIAM D SENQUIZ

MGRM

06/26/2008

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