

# 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000053803

FILED  
Jun 19, 2009  
Secretary of State

Entity Name: ALL-STAR BARBER SHOP, LLC

## Current Principal Place of Business:

2824 MICHIGAN AVENUE  
SUITE E  
KISSIMMEE, FL 34744 US

## New Principal Place of Business:

## Current Mailing Address:

327 DRAKE ELM DR  
KISSIMMEE, FL 34743 US

## New Mailing Address:

11515 KENLEY CIR  
ORLANDO, FL 32824 US

FEI Number: 27-0142354

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ALVAREZ-SENQUIZ, MARIEL  
327 DRAKE ELM DR  
KISSIMMEE, FL 34743 US

## Name and Address of New Registered Agent:

AMBOSCH ENTERPRISE, INC  
6754 POMPEII RD.  
ORLANDO, FL 32822 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: ANDY W. BOSCH

06/19/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ALVAREZ-SENQUIZ, MARIEL  
Address: 327 DRAKE ELM DR  
City-St-Zip: KISSIMMEE, FL 34743 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: SENQUIZ, WILLIAM  
Address: 11515 KENLEY CIR.  
City-St-Zip: ORLANDO, FL 32824 US

Title: MR. ( ) Change (X) Addition  
Name: SENQUIZ, RANDY  
Address: 11515 KENLEY CIR.  
City-St-Zip: ORLANDO, FL 32824

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 SENQUIZ

MR.

06/19/2009

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