

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L06000103384**

1. Entity Name  
10TH STREET BARBER SHOP, LLC



Principal Place of Business  
1705 10TH ST.  
ST. CLOUD, FL 34769

Mailing Address  
1705 10TH ST.  
ST. CLOUD, FL 34769



01222008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-5475581

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

MARSHALL, TAMMY  
1705 10TH ST.  
ST. CLOUD, FL 34769

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Tammy Marshall* **Tammy MARSHALL**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*1-24-08*

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	MUNDINGER, ORRIE H
STREET ADDRESS	2928 COOL BREEZE CIR.
CITY-ST-ZIP	ST. CLOUD, FL 34769
TITLE	MGRM
NAME	MARSHALL, TAMMY
STREET ADDRESS	4607 WILD TURKEY LANE
CITY-ST-ZIP	ST. CLOUD, FL 34771
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000800265  
01/31/08-80010-015 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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:**

*Tammy Marshall* **Tammy MARSHALL**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*1-24-08*

Date

*407-891-0591*

Daytime Phone #