

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000122713

FILED
Mar 05, 2009
Secretary of State

Entity Name: CUT MASTERS BARBERSHOP, LLC

Current Principal Place of Business:

10049 SUNSET STRIP
SUNRISE, FL 33322

New Principal Place of Business:

Current Mailing Address:

10049 SUNSET STRIP
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 20-8075156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HOLLIS, HECTOR ORLANDO
10049 SUNSET STRIP
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOLLIS, HECTOR ORLANDO
Address: 3135 N.W. 109TH TERRACE
City-St-Zip: SUNRISE, FL 33351

Title: MGRM () Delete
Name: BARON, ANDRES FELIPE
Address: 409 N. UNIVERSITY DRIVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HECTOR HOLLIS

MGRM

03/05/2009

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