

607000034897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800117017218

02/07/08--01017--001 **25.00

FILED

08 FEB -7 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas FEB -8 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE BARBER SHOP LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CORINNE TREFZ

(Name of Person)

THE BARBER SHOP, LLC

(Firm/Company)

923 SORRENTO AVENUE

(Address)

ALFORD, FL 32420

(City/State and Zip Code)

For further information concerning this matter, please call:

CORINNE TREFZ

(Name of Person)

at (850) 579-2801

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED
08 FEB - 7 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

- INHS18 (8/05)