

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000034897

FILED
Jan 11, 2009
Secretary of State

Entity Name: THE BARBER SHOP, LLC

Current Principal Place of Business:

911 SORRENTO AVE
ALFORD, FL 324206990 US

New Principal Place of Business:

911 SORRENTO AVE
ALFORD, FL 32420-699 US

Current Mailing Address:

923 SORRENTO AVE
ALFORD, FL 324206990 US

New Mailing Address:

923 SORRENTO AVE.
ALFORD, FL 32420-699 US

FEI Number: 20-8842248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLIENT SERVICES PLUS LLC
3158 MAIN STREET
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

CLIENT SERVICES PLUS LLC
3158 MAIN ST.
COTTONDALE, FL 32431 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:

01/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TREFZ, VERNON N
Address: 923 SORRENTO AVE
City-St-Zip: ALFORD, FL 324206990 US

Title: MGRM () Delete
Name: TREFZ, CORINNE
Address: 923 SORRENTO AVE
City-St-Zip: ALFORD, FL 324206990 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: TREFZ, VERNON N
Address: 923 SORRENTO AVE
City-St-Zip: ALFORD, FL 32420 US

Title: MGRM (X) Change () Addition
Name: TREFZ, CORINNE
Address: 923 SORRENTO AVE
City-St-Zip: ALFORD, FL 32420 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: VERNON N. TREFZ

MGR

01/11/2009

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