

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000034897

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** THE BARBER SHOP, LLC

**Current Principal Place of Business:**

911 SORRENTO AVE  
ALFORD, FL 32420 US

**New Principal Place of Business:**

**Current Mailing Address:**

923 SORRENTO AVE.  
ALFORD, FL 32420 US

**New Mailing Address:**

923 SORRENTO AVE  
ALFORD, FL 32420 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 ST.  
COTTONDALE, FL 32431 US

**Name and Address of New Registered Agent:**

RISTER, JOHNNY  
3158 MAIN STREET  
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: J. RISTER

01/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: TREFZ, CORINNE  
Address: 923 SORRENTO AVE  
City-St-Zip: ALFORD, FL 32420 US

I hereby 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 NELSON TREFZ

MGRM

01/12/2010

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