

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038318

FILED
Apr 16, 2008
Secretary of State

Entity Name: BEST BARBERS LLC

Current Principal Place of Business:

919 TUSCANNY STREET
BRANDON, FL 33511

New Principal Place of Business:

3753 BRUCE B DOWNS BLVD
WESLEY CHAPEL, FL 33544

Current Mailing Address:

1918 RUTHERFORD DRIVE
DOVER, FL 33527

New Mailing Address:

FEI Number: 20-8807910

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARCLAY, LUCY H
1918 RUTHERFORD DRIVE
DOVER, FL 33527 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: BARCLAY, LUCY H
Address: 1918 RUTHERFORD DRIVE
City-St-Zip: DOVER, FL 33527 US

Title: MGRM () Delete
Name: ZAVALIANOS, JAMES
Address: 1918 RUTHERFORD DRIVE
City-St-Zip: DOVER, FL 33527 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: ZAVALIANOS, JAMES
Address: 13140 TRADITION DRIVE
City-St-Zip: DADE CITY, FL 33525 US

Title: MGRM () Change (X) Addition
Name: DACEY, GRETCHEN
Address: 13140 TRADITION DRIVE
City-St-Zip: DADE CITY, FL 33525

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: LUCY BARCLAY

MGRM

04/16/2008

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