

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096814

**FILED**  
**Mar 28, 2012**  
**Secretary of State**

**Entity Name:** PLATINUM CUTS BARBERSHOP LLC

**Current Principal Place of Business:**

1404 S MISSOURI AVE STE A  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

2560 GOMAZ WAY S  
ST PETERSBURG, FL 33712

**New Mailing Address:**

1404 S MISSOURI AVE STE A  
CLEARWATER, FL 33756

**FEI Number:** 26-3540466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AAGAP CONSULTANTS INC  
2400 DR ML KING ST S STE C  
ST PETERSBURG, FL 33705 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  
Name: LYNCH, ORLANDO  
Address: 2560 GOMAZ WAY S  
City-St-Zip: ST PETERSBURG, FL 33712

Title: MGRM  
Name: SYKES, ERIC  
Address: 1455 OVERLEY STREET  
City-St-Zip: CLEARWATER, FL 33755

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: ORLANDO LYNCH

MGRM

03/28/2012

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