

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106990

FILED
Apr 24, 2009
Secretary of State

Entity Name: NORTH WEST BARBER SHOP LLC

Current Principal Place of Business:

5000 NW 34TH STREET
GAINESVILLE, FL 32605

New Principal Place of Business:

5200 NW 34TH STREET
GAINESVILLE, FL 32605

Current Mailing Address:

5000 NW 34TH STREET
GAINESVILLE, FL 32605

New Mailing Address:

5200 NW 34TH STREET
GAINESVILLE, FL 32605

FEI Number: 26-4736515

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, RITA L
5000 NW 34TH STREET
GAINESVILLE, FL 32605 US

Name and Address of New Registered Agent:

CRAWFORD, RITA L
5200 NW 34TH STREET
GAINESVILLE, FL 32605 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: _____

04/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CRAWFORD, RITA L
Address: 22810 NW COUNTY ROAD 1493
City-St-Zip: ALACHUA, FL 32615

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: RITA L. CRAWFORD

MGR

04/24/2009

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