

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053143

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Entity Name:** KNOCK OUT BARBERSHOP LLC.

**Current Principal Place of Business:**

5905 TOMOKA DR  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

5905 TOMOKA DR  
ORLANDO, FL 32809 US

**New Mailing Address:**

**FEI Number:** 27-2593179

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LEBRON, RAFAEL O  
5947 WINEGARD RD APT C  
ORLANDO, FL 32809 US

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

LEBRON, RAFAEL O  
12112 BELLSWORTH WAY  
ORLANDO, FL 32837 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: RAFAEL O LEBRON

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LEBRON, RAFAEL O  
Address: 12112 BELLSWORTH WAY  
City-St-Zip: ORLANDO, FL 32837 US

Title: MGRM  
Name: LEBRON, MAGDA L  
Address: 12112 BELLSWORTH WAY  
City-St-Zip: ORLANDO, FL 32837 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: RAFAEL O LEBRON

MGR

04/18/2012

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