

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000072717

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** UPSCALE BARBER SHOP OF CHARLOTTE CO., LLC

**Current Principal Place of Business:**

2526 TAMiami TRAIL  
STE # B  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 510757  
PUNTA GORDA, FL 33951

**New Mailing Address:**

**FEI Number:** 80-0621459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINESETT, CONNIE L  
2526 TAMiami TRAIL  
B  
PORT CHARLOTTE, FL 33952 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:** MGR  
**Name:** WINESETT, WILLIAM I  
**Address:** 2526 TAMiami TRAIL STE # B  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** MGRM  
**Name:** WINSETT, CONNIE L  
**Address:** 2526 TAMiami TRAIL STE # B  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

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:** CONNIE L WINESETT

MGRM

02/23/2011

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