

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081264

Entity Name: N.Y. BARBER SHOP, LLC.

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1024 N. AVALON PARK BLVD.  
SUITE E.  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

1024 N. AVALON PARK BLVD.  
SUITE E.  
ORLANDO, FL 32828

**New Mailing Address:**

FEI Number: 27-3167970

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILFREN, LORA  
1515 CRICKET CLUB CIRCLE  
APT. 207  
ORLANDO, FL 32828 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: LORA, WILFREN  
Address: 1515 CRICKET CLUB CIRCLE APT. 207  
City-St-Zip: ORLANDO, FL 32828

Title: MGR  
Name: PAULA, PAOLA S  
Address: 1515 CRICKET CLUB CIRCLE APT. 207  
City-St-Zip: ORLANDO, FL 32828

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: LORA WILFREN

MGR

04/29/2011

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