

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000097933

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** FADES AND SHAVES, "LLC"

**Current Principal Place of Business:**

2021 N.W. 2ND AVE.  
STE. 2  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

1900 S. TREASURE DR.  
APT.6E  
NORTH BAY VILLAGE, FL 33141

**New Mailing Address:**

**FEI Number:** 06-1840308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HERNANDEZ, ABRAM D  
1900 S. TREASURE DR.  
APT. 6E  
NORTH BAY VILLAGE, FL 33141 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: HERNANDEZ, ABRAM D  
Address: 1900 S. TREASURE DR. APT.6E  
City-St-Zip: NORTH BAY VILLAGE, FL 33141

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: ABRAM HERNANDEZ

MGR

03/16/2011

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