

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000080679

**Entity Name:** REBORN BLOWBAR & BARBER LLC

**Current Principal Place of Business:**

117 S KENTUCKY AVE  
LAKELAND, FL 33801

**Current Mailing Address:**

117 S KENTUCKY AVE  
LAKELAND, FL 33801

**FEI Number:** 82-5332914

**Certificate of Status Desired:** No

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

OLIVERAS, JASON  
5119 CLAREMONT COURT  
POLK CITY, FL 33868 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AR  
Name OLIVERAS, JASON  
Address 8411 ADELE RD  
City-State-Zip: LAKELAND FL 33810

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JASON OLIVERAS

**OWNER**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date