

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000123810

**Entity Name:** KLEAN KUTS BARBERSHOP, LLC

**Current Principal Place of Business:**

3813 NORTH MONROE  
SUITE 17  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

4010 CHIPOLA ST.  
TALLAHASSEE, FL 32303

**FEI Number:** 83-0695717

**Certificate of Status Desired:** Yes

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

GAVIN, DEMETRIUS M  
4010 CHIPOLA ST.  
TALLAHASSEE, FL 32303 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	MGR	Title	MGR
Name	GAVIN, DEMETRIUS M	Name	CUYLER, MONICA M
Address	4010 CHIPOLA ST.	Address	4010 CHIPOLA ST.
City-State-Zip:	TALLAHASSEE FL 32303	City-State-Zip:	TALLAHASSEE FL 32303

*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:** DEMETRIUS GAVIN

**OWNER**

**01/29/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date