

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000373843

Entity Name: THE 4 WISE MEN AT THE BARBERSHOP LLC**Current Principal Place of Business:**2091 S. RONALD REAGAN BLV
ALTAMONTE SPRINGS, FL 32701**Current Mailing Address:**2091 S. RONALD REAGAN BLV
ALTAMONTE SPRINGS, FL 32701 US**FEI Number: 86-1427307****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SIMPSON, IRVIN
2091 S. RONALD REAGAN BLV
ALTAMONTE SPRINGS, FL 32701 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 PRESIDENT/MANAGER
Name BENTLEY, KENNETH
Address 1118 PERSIMMON AVE
City-State-Zip: SANFORD FL 32771Title VP/MANAGER
Name MALONE, CUBIT JR
Address 420 WILTON CIRCLE
City-State-Zip: SANFORD FL 32773Title TREASURER/MANAGER
Name HAMPTON, DAVION
Address 1211 ARBOR LAKES
City-State-Zip: SANFORD FL 32771Title SECRETARY/MANAGER
Name SIMPSON, IRVIN
Address 2091 S. RONALD REAGAN BLV
City-State-Zip: ALTAMONTE SPRINGS FL 32701

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: IRVIN SIMPSON**SECRETARY****04/28/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date