

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000186480

**Entity Name:** KINAM BARBER SHOP LLC

**Current Principal Place of Business:**

4527 NORTH PINE ISLAND  
SUNRISE, FL 33351

**Current Mailing Address:**

4527 NORTH PINE ISLAND  
SUNRISE, FL 33351 US

**FEI Number:** 80-0908780

**Certificate of Status Desired:** No

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

GILLES, FRANCLAUDE  
8651 NW 45TH ST  
LAUDERHILL, FL 33351 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  
Name FRANCLAUDE, GILLES  
Address 8651 NW 45TH ST  
City-State-Zip: LAUDERHILL FL 33351

*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:** FRANCLAUDE GILLES

04/10/2023

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

\_\_\_\_\_ Date