

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000280656

**Entity Name:** MASTER KUTZ BARBER SHOP LLC

**Current Principal Place of Business:**

2010 WESTMONT ST  
UNIT #2  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

2010 WESTMONT ST  
UNIT #2  
JACKSONVILLE, FL 32207 US

**FEI Number:** 85-1494333

**Certificate of Status Desired:** No

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

TAYLOR, LEKENDRICK  
2010 WESTMONT ST  
UNIT #2  
JACKSONVILLE, FL 32207 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 TAYLOR, LEKENDRICK  
Address 2010 WESTMONT ST  
City-State-Zip: JACKSONVILLE FL 32207

*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:** TAYLOR LEKENDRICK

04/09/2024

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

\_\_\_\_\_  
Date