# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 14, 2011**
**Secretary of State**

DOCUMENT# L03000028952

**Entity Name:** ST FRANCHISING SYSTEMS, LLC

**Current Principal Place of Business:**

7805 NW BEACON SQUARE BLVD., STE. 205
BOCA RATON, FL 33431

**New Principal Place of Business:**

7805 NW BEACON SQUARE BLVD.
SUITE 205
BOCA RATON, FL 33487

**Current Mailing Address:**

7805 NW BEACON SQUARE BLVD., STE. 205
BOCA RATON, FL 33431

**New Mailing Address:**

7805 NW BEACON SQUARE BLVD.
SUITE 205
BOCA RATON, FL 33487

**FEI Number: 32-0088611** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

COXPARTNERS, INC.
7805 NW BEACON SQUARE BLVD., STE. 205
BOCA RATON, FL 33431 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM
Name: COX, HENRICUS A.J.M
Address: 7805 NW BEACON SQUARE BLVD., STE. 205
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM
Name: CASTELLON, M. ARELY
Address: 7805 NW BEACON SQUARE BLVD., STE. 205
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: HENRICUS COX MGRM 01/14/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date