## 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

I - Kinger

DOCUMENT # L0600007728  1. Entity Name FRANCHISE SELECT, LLC					FILED 2007 APR 30 AM 10: 15			
					THE CO. HI	110.10		
Principal Place of Business Meiling Address 142 S. OBRIEN ST. 142 S. OBRIEN ST.				SF	CRETARY OF	CTATE		
			142 S. OBRIEN ST. Tampa, Fl. 33609 US		CRETARY OF LAHASSEE, F	O IMIE		
TAMPA, FL 33609 US TAMPA, FL 33609 US			ıs			LUKIU		
				(83)(6)		H	(ATTA) III TEBI	
2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		7 Chg-LLC	CR2E083 (12/06	<b>;</b> )	
City & State		City & State	City & State		nber 66495	<b>├</b>	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certifica	ite of Status Desired	\$5.00 A	dditional	
	6. Name and Address of Curn	ent Registered Agent		7. Name a	nd Address of New R		· - · - · - · - · - · - · · · · · · · ·	
FALLIUMED CAROLIVAL				Name				
FAULKNER, CAROLYN 142 S. OBRIEN ST.				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA, FL 33609			31,0017	Sileet Address (F.O. Box Number is Not Acceptable)				
			City	FL Zip Code				
8. 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE Signature, lyped or printed name of registered agent and title dispolicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
			<del></del>		-			
Amended AR is \$50.00						e check payable to Department of Sta		
9.	MANAGING MEN	MBERS/MANAGERS	10.		ADDITIONS	CHANGES	-un	
TITLE	MGRM	☐ Delete	TITLE	MAR		X Change	☐ Addition	
NAME	FAULKNER, CAROLYN		NAME				¬v	
STREET ADDRESS CITY-ST-ZIP	142 S. OBRIEN ST.		STREET ADDRESS					
	TAMPA, FL 33609	<u>_</u>	CITY-ST-ZIP	AA . D 63				
TITLE NAME	<b>v</b>	☐ Delete	TITLE	MARM	- 1	Change	Addition	
STREET ADDRESS			NAME STREET ADDRESS	NORA Le	E SMIT	it	_ [	
CITY-ST-ZIP			CITY-ST-ZIP			Crossino	r Dr.	
TITLE	<u> </u>	—————————————————————————————————————	TITLE	TAMPA-	FL 3361	24 5		
NAME		L Desirie	NAME			✓ Change	Addition (	
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CITY-ST-ZIP			CITY-ST-ZIP	U57.	11/0701003	9005 **55	.00	
TITLE		☐ Delete	TITLE			☐ Change	Addition	
NAME			NAME					
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CITY-\$1-ZIP			CITY-ST-ZIP					
TITLE		Delete	TITLE			☐ Change	☐ Addition	
NAME Street Address			NAME					
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP					
TITLE	·	☐ Delete	TITLE					
NAME		□ Delete	NAME			☐ Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS				Ī	
CITY-ST-ZIP		_	CITY-ST-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same level of force as it and the property of the control of the c								
indicated on this report is true and accurate and that my 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 Statutes.								
	//n1	10 01			1 / -	11-860	6-11	
SIGNATURE: 41011/11/11/11/11/11/11/11/11/11/11/11/11								
SIGNATURE: 14AAM ALL AND TYPED OR PROPERED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylore Phone #								