

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000007728

**FILED**  
**Feb 10, 2008**  
**Secretary of State**

**Entity Name:** FRANCHISE SELECT, LLC

**Current Principal Place of Business:**

18047 JAVA ISLE DR  
TAMPA, FL 33647 US

**New Principal Place of Business:**

**Current Mailing Address:**

18047 JAVA ISLE DR  
TAMPA, FL 33647 US

**New Mailing Address:**

**FEI Number:** 20-4166495      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FAULKNER, CAROLYN  
142 S. OBRIEN ST.  
TAMPA, FL 33609 US

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

FAULKNER, CAROLYN  
18047 JAVA ISLE DR  
TAMPA, FL 33647 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

02/10/2008

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FAULKNER, CAROLYN  
Address: 142 S. OBRIEN ST.  
City-St-Zip: TAMPA, FL 33609 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FAULKNER, CAROLYN  
Address: 18047 JAVA ISLE DR  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 Statutes.

SIGNATURE: CAROLYN FAULKNER

MGR

02/10/2008

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