

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051595

Entity Name: QRS FRANCHISING, LLC

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1921 WALDEMERE ST.
SUITE 512
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE ST.
SUITE 512
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 20-4906944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLASS, STEVEN
1921 WALDEMERE ST.
SUITE 512
SARASOTA, FL 34239 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: MGR () Delete
Name: CLASS, STEVEN
Address: 1921 WALDEMERE ST., SUITE 512
City-St-Zip: SARASOTA, FL 34239

Title: MGR () Delete
Name: MICHAEL MOLLOD LIVIN, G TRUST JAN 2 , 2002
Address: 1921 WALDEMERE ST., SUITE 512
City-St-Zip: SARASOTA, FL 34239

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL MOLLOD MGR 04/30/2008

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