

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000108841

Entity Name: C&K FRANCHISING, LLC

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

10133 SHERRILL BLVD., SUITE 103
KNOXVILLE, TN 37932

New Principal Place of Business:

10133 SHERRILL BLVD.
SUITE 103
KNOXVILLE, TN 37932

Current Mailing Address:

10133 SHERRILL BLVD., SUITE 103
KNOXVILLE, TN 37932

New Mailing Address:

10133 SHERRILL BLVD.
SUITE 103
KNOXVILLE, TN 37932

FEI Number: 20-5856370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRIOS, ISHMAEL
C/O JANI-KING OF FT. MYERS
13720 JETPORT COMMERCE PKWY - SUITE 5
FT. MYERS, FL 33913 US

Name and Address of New Registered Agent:

HOOD, LIANA R
4417 BEACH BOULEVARD
SUITE 104
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: LIANA ROTHSTEIN HOOD

04/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MR () Delete
Name: COKE, THOMAS
Address: 10133 SHERRILL BLVD., SUITE 103
City-St-Zip: KNOXVILLE, TN 37932

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MR () Change (X) Addition
Name: KEARNS, MICHAEL P
Address: 801 JONES FRANKLIN ROAD; STE 230
City-St-Zip: RALEIGH, NC 27606

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 P. KEARNS

MGM

04/06/2009

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