

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000125373

**FILED**  
**Jun 03, 2009**  
**Secretary of State****Entity Name:** C4 GLOBAL FRANCHISING, LLC**Current Principal Place of Business:**5426 BAY CENTER DR  
SUITE 100  
TAMPA, FL 33609**New Principal Place of Business:****Current Mailing Address:**5426 BAY CENTER DR  
SUITE 100  
TAMPA, FL 33609**New Mailing Address:****FEI Number:** 26-1605966**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**WEBER, SCOTT  
100 SOUTH ASHLEY DRIVE  
SUITE 1900  
TAMPA, FL 33602 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:** C4 ENTERPRISES, LLC  
**Address:** 5426 BAY CENTER DR, STE 100  
**City-St-Zip:** TAMPA, FL 33609**Title:** MGR ( ) Delete  
**Name:** CINTRON, ALEJANDRO  
**Address:** 5426 BAY CENTER DR STE 100  
**City-St-Zip:** TAMPA, FL 33609**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** MGR (X) Change ( ) Addition  
**Name:** CINTRON, ANGEL E  
**Address:** 5426 BAY CENTER DR STE 100  
**City-St-Zip:** TAMPA, FL 33609

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: ANGEL E. CINTRON

MGR

06/03/2009

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