

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065107

Entity Name: FRANKLINCRUZ.COM,LLC

FILED
Jun 16, 2009
Secretary of State

Current Principal Place of Business:

2906 N ELMORE AVE
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #172837
TAMPA, FL 33672

New Mailing Address:

P.O. BOX 172837
TAMPA, FL 33672

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, SCHIFINO, MANGIONE & STEADY P.A.
ONE TAMPA CENTER
SUITE 3200
TAMPA,, FL 33602 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

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CRUZ, FRANKLIN A
Address: P.O. BOX #172837
City-St-Zip: TAMPA, FL 33602

Title: MGRM () Delete
Name: TAYLOR, ELSIE
Address: P.O. BOX 172837
City-St-Zip: TAMPA, FL 33672

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: CRUZ, BRIDGETTE
Address: P.O. BOX 172837
City-St-Zip: TAMPA, FL 33672

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: BRIDGETTE CRUZ

VP

06/16/2009

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