

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002956

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** FRANCHISE ADVISORY CONSULTANTS, LLC

**Current Principal Place of Business:**

516 SYLVAN DR.  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

516 SYLVAN DR.  
WINTER PARK, FL 32789 US

**New Mailing Address:**

47 MILLBROOK RD WEST  
STAMFORD, CT 06902 US

**FEI Number:** 26-4015566

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, CHARLES S  
516 SYLVAN DR.  
WINTER PARK, FL 32789 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: MGRM  
Name: HALL, CHARLES S  
Address: 516 SYLVAN DR.  
City-St-Zip: WINTER PARK, FL 32789 US

Title: MGRM  
Name: HALL, ROBERT A JR.  
Address: 47 MILLBROOK RD WEST  
City-St-Zip: STAMFORD, CT 06902 US

I hereby 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: ROBERT A HALL, JR

MGRM

02/23/2011

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