

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000092390

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** FRANCHISE PLANNING GROUP, LLC

**Current Principal Place of Business:**

4611 S. UNIVERSITY DRIVE  
BOX #159  
DAVIE, FL 33328

**New Principal Place of Business:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314

**Current Mailing Address:**

4611 S. UNIVERSITY DRIVE  
BOX #159  
DAVIE, FL 33328

**New Mailing Address:**

4380 OAKES ROAD  
SUITE 807  
DAVIE, FL 33314

**FEI Number:** 27-3381580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EINHORN, ROBERT M  
100 S. E. 2ND STREET  
27TH FLOOR  
MIAMI, FL 33131 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  
Name: DR G'S FRANCHISING COMPANIES, LLC  
Address: 4380 OAKES ROAD SUITE 807  
City-St-Zip: DAVIE, FL 33314 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: DAVID A LOPEZ

MGR

04/28/2011

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