

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004203

Entity Name: CP FRANCHISING, LLC

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE, SUITE 602  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

3300 UNIVERSITY DRIVE, SUITE 602  
1  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

3300 UNIVERSITY DRIVE, SUITE 602  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

3300 UNIVERSITY DRIVE, SUITE 602  
1  
CORAL SPRINGS, FL 33065

FEI Number: 20-3214994

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: FEE, MICHELLE  
Address: 3300 UNIVERSITY DRIVE, SUITE 602  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGR  
Name: KRUSZEWSZKI, TOM  
Address: 3300 UNIVERSITY DRIVE, SUITE 602  
City-St-Zip: CORAL SPRINGS, FL 33065

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: LISA CLAYTON

MGR

04/19/2012

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