M10000000165

(Requestor's Name)				
(Ade	dress)	,		
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	⊋#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
		···		
Special Instructions to Filing Officer:				
L. <u> </u>				

Office Use Only



300246441113

04/08/13--01050--005 **25.00

APR - 9 2013 T CLINE

COVER LETTER

TO:	Registration Division of 0				
		•			
SUBJ	ECT:	Franklin Se	rvices, LLC.		
		Name of Foreign L	imited Liábility Compa	my	
Dear	Sir or Madam:				
		vit by Foreign Limited s) and fee(s) are submit	Liability Company to (tted for filing.	Change Manager(s) or	
Please	e return all cor	respondence concerning	g this matter to the follo	owing:	
	Don h	Name of Person			
		Name of Person			
	Year 7	Secure 1	// (w^3	
	110-41	Firm/Company			(H)
				11 - 12 - 12 - 12 - 12 - 12 - 12 - 12 -	F. 73
	129	NW 16" St. Address	reet	W. W.	プ し
				第 次	ထ်
	Boca	City/State and Zip Code	33437	ارد ایرا سارهن	
	(ity/State and Zip Code	•		-: 03
					0
	E-mail address	: (to be used for future	annual report notificati	on)	
For fi	ırther informat	ion concerning this ma	tter, please call:		
	Dan M	reeles at (Sb) 948-449 Area Code and Daytime	41	
	Name of	Person	Area Code and Daytim	e Telephone Number	•
	Registration S Division of C Clifton Build 2661 Executi	orporations	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	
		for the following am			
□\$25	Filing Fec	☐ \$30 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60 Filing Pee, Certificate of Status & Certified Copy	

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability company Department of State is:	
2. This entity was formed under the laws of:	Deleware
3. This entity was authorized to transact bust and its Florida document/registration number	iness in Florida on <u>02/17/2010</u> r is <u>M10000000765</u>
4. The name and address of each manager or	managing member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Dan Meeler
WRW	Shawn Gringer 102 00 Born Rates, Ft 33432 00 Born Rates, Ft 33432 00
Required Signature: Signature of Manager, I	Managing Member or Member

Filing Fee: \$25