

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000019435

**Entity Name:** FREEDOM FRANCHISE SYSTEMS, LLC

**Current Principal Place of Business:**

897 E. VENICE AVE.  
VENICE, FL 34285

**FILED**  
**Jan 19, 2021**  
**Secretary of State**  
**4199074759CC**

**Current Mailing Address:**

26125 N. RIVERWOODS BLVD.  
SUITE 500  
METTAWA, IL 60045 US

**FEI Number:** 27-5247659

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** DAVID A. HOLMES

01/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title EXECUTIVE DIRECTOR  
Name GIGLIO, JOHN R  
Address 897 E. VENICE AVE.  
City-State-Zip: VENICE FL 34285

Title CFO  
Name BETTLEY, JOSEPH A. CPA  
Address 897 E. VENICE AVE.  
City-State-Zip: VENICE FL 34285

Title VP  
Name CHEMI, LOUIS  
Address 897 E. VENICE AVENUE  
City-State-Zip: VENICE FL 34285

Title PRESIDENT  
Name COHN, CECIL  
Address 26125 N. RIVERWOODS BLVD.  
SUITE 500  
City-State-Zip: METTAWA IL 60045

Title AUTHORIZED MEMBER  
Name FREEDOM OUTDOOR DELAWARE,  
LLC  
Address 897 E. VENICE AVENUE  
City-State-Zip: VENICE FL 34285

Title VP  
Name SLADE, BARRY  
Address 897 EAST VENICE AVENUE  
City-State-Zip: VENICE FL 34285

Title FRANCHISE DEVELOPMENT  
MANAGER  
Name BLAZE, JAMES  
Address 897 EAST VENICE AVENUE  
City-State-Zip: VENICE FL 34285

Title FRANCHISE DEVELOPMENT  
MANAGER  
Name VANHORN, KEVIN  
Address 897 EAST VENICE AVENUE  
City-State-Zip: VENICE FL 34285

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NANCY LOUBE

VICE PRESIDENT-TAX

01/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date