

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000024596

**Entity Name:** FFG MGMT, LLC**Current Principal Place of Business:**2487 ALOMA AVE  
WINTER PARK, FL 32792**Current Mailing Address:**2487 ALOMA AVE  
SUITE 200  
WINTER PARK, FL 32792 US**FEI Number:** 46-4797186**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FORTIS FRANCHISE GROUP MANAGEMENT, LLC  
2487 ALOMA AVENUE  
SUITE 200  
WINTER PARK, FL 32817 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:** MO KHALIL

04/17/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MR	Title	AUTHORIZED REPRESENTATIVE
Name	FORTIS FRANCHISE GROUP LLC	Name	KHALIL, MOHAMED
Address	2487 ALOMA AVENUE SUITE 200	Address	2487 ALOMA AVE SUITE 200
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	MORGAN, ALLISON	Name	GEBHARD, MELISSA
Address	2487 ALOMA AVE SUITE 200	Address	2487 ALOMA AVE SUITE 200
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINTER PARK FL 32792
Title	AUTHORIZED REPRESENTATIVE		
Name	RAJPUT, MATTHEW		
Address	2487 ALOMA AVE SUITE 200		
City-State-Zip:	WINTER PARK FL 32792		

*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:** JULI WILLIAMS**OPERATIONS ANALYST**

04/17/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date