

**2014 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000172028

**Entity Name:** SUREFLY MOBILE, LLC

**Current Principal Place of Business:**

381 N. KROME AVE.  
SUITE 200  
HOMESTEAD, FL 33030

**Current Mailing Address:**

381 N. KROME AVE.  
SUITE 200  
HOMESTEAD, FL 33030 US

**FEI Number:** 46-4301138

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC.  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGER	Title	MANAGER
Name	MURPHY, JASON	Name	JONES, T. HAMILTON
Address	180 MYSTIC COURT NE	Address	90 NE 19TH STREET
City-State-Zip:	ATLANTA GA 30342	City-State-Zip:	HOMESTEAD FL 33030

*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:** T. HAMILTON JONES

**MANAGER**

**05/21/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date