

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000242032

Entity Name: DRAGONFLY AMI, LLC

Current Principal Place of Business:

5117 S NICHOL ST
TAMPA, FL 33611

Current Mailing Address:

5117 S NICHOL ST
TAMPA, FL 33611

FEI Number: 82-3870505

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN LOVEREN, JEFFRIE
5117 S NICHOL ST
TAMPA, FL 33611 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 MGR
Name VAN LOVEREN, JEFFRIE
Address 5117 S NICHOL STREET
City-State-Zip: TAMPA FL 33611

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: JEFFRIE VAN LOVEREN

MANAGER

01/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date