2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 16, 2008 8:00 am
Secretary of State

05-02-2008 90024 044 ***138.75

DOCUMENT # L04000032146

1. Entity Name
PROJECT FIREFLY, LLC

30009382

Principal Place of Business	Mailing Address
5422 CARRIER DRIVE SUITE 204 ORLANDO, FL 32819	MARILYN ANDERSON/ANDERSON FINANCIAL CONSUL 12021 WILSHIRE BLVD LOS ANGELES, CA 90025

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

05012008 Chg-LLC CR2E083 (12/06)

4. FEI Number
03-0541609
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAROLA, DOMINIC 5422 CARRIER DRIVE SUITE 204 ORLANDO, FL 32819	Name Street Address (P.O. Box Number Is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAROLA, DOMINIC 5422 CARRIER DRIVE SUITE 204 ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVARADO, PAULO 5422 CARRIER DRIVE SUITE 204 ORLANDO, FL 32819	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: [signature] 6/1/08 310966 9047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #