

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066633

FILED
Jul 09, 2008
Secretary of State

Entity Name: DRAGONFLY EXPRESS, LLC

Current Principal Place of Business:

P. O. BOX 7670
NORTH PORT, FL 34287 US

New Principal Place of Business:

6703 RAYMUR ST
NORTH PORT, FL 34286 US

Current Mailing Address:

P. O. BOX 7670
NORTH PORT, FL 34287 US

New Mailing Address:

P. O. BOX 7670
NORTH PORT, FL 34290 US

FEI Number: 20-3109595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

W. R. KLEIN, P.A.
1900 MAIN ST
SUITE 310
SARASOTA, FL FL US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATTHEWS, RICHARD
Address: P. O. BOX 7670
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGRM () Delete
Name: MATTHEWS, SHERRY
Address: P.O. BOX
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATTHEWS, RICHARD
Address: P. O. BOX 7670
City-St-Zip: NORTH PORT, FL 34290 US

Title: MGRM (X) Change () Addition
Name: MATTHEWS, SHERRY
Address: P.O. BOX
City-St-Zip: NORTH PORT, FL 34290 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RICHARD MATTHEWS

MGR

07/09/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date