

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000052777

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** DRAGONFLY BUSINESS VENTURES, LLC

**Current Principal Place of Business:**

13609 MARTHA AVE.  
PORT CHARLOTTE, FL 33981

**New Principal Place of Business:**

**Current Mailing Address:**

13609 MARTHA AVE.  
PORT CHARLOTTE, FL 33981

**New Mailing Address:**

FEI Number: 65-1280568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

HESSEL, DAVID S  
13609 MARTHA AVE  
PORT CHARLOTTE, FL 33981      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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HESSEL, DAVID S  
Address: 13609 MARTHA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM      ( ) Delete  
Name: LIMBAUGH, BARBIE L  
Address: 13609 MARTHA AVE  
City-St-Zip: PORT CHARLOTTE, FL 33981

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID S. HESSEL

MGRM

05/04/2009

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