

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029992

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** 2 FLY HIGH LLC

**Current Principal Place of Business:**

820 LAKE KATHRYN CR  
CASSELBERRY, FL 32707 US

**New Principal Place of Business:**

**Current Mailing Address:**

820 LAKE KATHRYN CR  
CASSELBERRY, FL 32707 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

CROWDER, DAVID C  
820 LAKE KATHRYN CR  
CASSELBERRY, FL 32707 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  
Name: NIKOLLAJ, MHILL  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR  
Name: NIKOLLAJ, JOZEF  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGR  
Name: NIKOLLAJ, KRIST  
Address: 820 LAKE KATHRYN CR  
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby 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:** JOZEF NIKOLLAJ

MGR

01/27/2011

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