
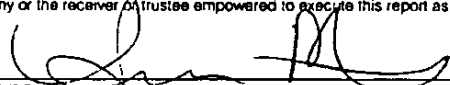


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2008 8:00 am
Secretary of State

04-04-2008 90134 008 ***138.75

DOCUMENT # L07000048321				
1. Entity Name DRAGONFLY WRITING, EDITING, & ELEARNING SERVICES, LLC				
Principal Place of Business 510 WINDING HOLLOW AVE. OCOOE, FL 34761 US		Mailing Address 510 WINDING HOLLOW AVE. OCOOE, FL 34761 US		
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	4. FEI Number 26-0165240
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
ROBERTS, AMANDA H 510 WINDING HOLLOW AVE. OCOOE, FL 34761		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: _____ (NOTE: Registered Agent signature required when reissuing) _____ 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	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Amanda H. Roberts	NAME		
STREET ADDRESS	510 Winding Hollow Ave	STREET ADDRESS		
CITY-ST-ZIP	Ocoee, FL 34761	CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME		
STREET ADDRESS		STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
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: 		Date: 4/1/08 407-448-1997		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		

30006048



03262008 Chg-LLC CR2E083 (12/06)

Corrected by A.R.