

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082903

FILED
Mar 23, 2009
Secretary of State

Entity Name: DRAGONFLY TRAFFIC SERVICES, LLC

Current Principal Place of Business:

2027 ABBEY TRACE DRIVE
DOVER, FL 33527 US

New Principal Place of Business:

6117 EAST 112TH AVENUE
TAMPA, FL 33617 US

Current Mailing Address:

P.O. BOX 406
SEFFNER, FL 33583 US

New Mailing Address:

6117 EAST 112TH AVENUE
TAMPA, FL 33617 US

FEI Number: 26-3267297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THARAYIL, TARA M
2027 ABBEY TRACE DRIVE
DOVER, FL 33527 US

Name and Address of New Registered Agent:

THANNIKARY, SELBY J
6117 EAST 112TH AVENUE
TAMPA, FL 33617 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: SELBY THANNIKARY

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THARAYIL, TARA M
Address: 2027 ABBEY TRACE DRIVE
City-St-Zip: DOVER, FL 33527 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THANNIKARY, SELBY J
Address: 6117 EAST 112TH AVENUE
City-St-Zip: TAMPA, FL 33617 US

Title: MGRM () Change (X) Addition
Name: THARAYIL, TARA M
Address: 6117 EAST 112TH AVENUE
City-St-Zip: TAMPA, FL 33617 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: SELBY THANNIKARY

MGR

03/23/2009

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