

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000082903

FILED
Apr 28, 2009
Secretary of State**Entity Name:** DRAGONFLY TRAFFIC SERVICES, LLC**Current Principal Place of Business:**6117 EAST 112TH AVENUE
TAMPA, FL 33617 US**New Principal Place of Business:****Current Mailing Address:**6117 EAST 112TH AVENUE
TAMPA, FL 33617 US**New Mailing Address:****FEI Number:** 26-3267297**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**THANNIKARY, SELBY J
6117 EAST 112TH AVENUE
TAMPA, FL 33617 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: THANNIKARY, SELBY J
Address: 6117 EAST 112TH AVENUE
City-St-Zip: TAMPA, FL 33617 US**Title:** MGRM () Delete
Name: THARAYIL, TARA M
Address: 6117 EAST 112TH AVENUE
City-St-Zip: TAMPA, FL 33617 US**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** MGRM () Change (X) Addition
Name: THANNIKARY, SELBY J
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

04/28/2009

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