

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104359

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: FIREFLY FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

9428 BAYMEADOWS ROAD  
230  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9428 BAYMEADOWS ROAD  
230  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 26-3714273

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RITCH, TIMOTHY  
9428 BAYMEADOWS ROAD  
230  
JACKSONVILLE, FL 32256 US

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

BYRD, DONNA L  
9995 GATE PARKWAY N  
400  
JACKSONVILLE, FL 32246 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: DONNA BYRD

01/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RITCH, TIMOTHY S  
Address: 9995 GATE PARKWAY SUITE 400  
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGR ( ) Delete  
Name: JOURDAN, SHAUN  
Address: 1321 HONEYSUCKLE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BOREE, GREG S  
Address: 9428 BAYMEADOWS RD SUITE 230  
City-St-Zip: JACKSONVILLE, FL 32256

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: GREG BOREE

MGR

01/22/2009

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