

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000110693

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** DRAGONFLY MITIGATION, LLC

**Current Principal Place of Business:**

21 EAST LONG LAKE ROAD, STE 100  
BLOOMFIELD HILLS, MI 48304

**New Principal Place of Business:**

**Current Mailing Address:**

21 E LONG LAKE ROAD  
SUITE 100  
BLOOMFIELD HILLS, MI 48304

**New Mailing Address:**

**FEI Number:** 45-1503203

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARONOFF, JANET  
626 GULF SHORE BLVD. S  
NAPLES, FL 34102 US

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

ARONOFF, JANET  
3431 PINE RIDGE ROAD  
SUITE 101  
NAPLES, FL 34109 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: JANET ARONOFF

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HABITAT MITIGATION MANAGEMENT LIMITED PART  
Address: 21 EAST LONG LAKE ROAD SUITE 100  
City-St-Zip: BLOOMFIELD HILLS, MI 48304

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: CAROLYN RIEGLER

PRES

04/06/2011

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