

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000111071

**Entity Name:** DRAGONFLY SERVICES LLC

**FILED**  
**Oct 11, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1 SAN JOSE PLACE  
SUITE 19  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

**Current Mailing Address:**

1 SAN JOSE PLACE  
SUITE 19  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

**FEI Number:** 27-3981414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, TRESSA  
1 SAN JOSE PLACE  
SUITE 19  
JACKSONVILLE, FL 32257 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:** TRESSA RAY

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RAY, TRESSA  
**Address:** 1 SAN JOSE PLACE, SUITE 19  
**City-St-Zip:** JACKSONVILLE, FL 32257 US

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:** TRESSA RAY

MM

10/11/2011

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