#### 2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000031811

Entity Name: DRAGONFLY EDUCATIONAL CONSULTING, LLC

FILED
Jun 05, 2015
Secretary of State
CR1445218612

## **Current Principal Place of Business:**

3889 185TH TRAIL NORTH LOXAHATCHEE. FL 33470

# **Current Mailing Address:**

3889 185TH TRAIL NORTH LOXAHATCHEE, FL 33470 US

FEI Number: 20-2601581 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

BOLSER-AUMEN, KIM 3889 185TH TRAIL NORTH LOXAHATCHEE, FL 33470 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: KIM BOLSER-AUMEN 06/05/2015

Electronic Signature of Registered Agent

Date

### Authorized Person(s) Detail:

Title MGRM Title MGRM

NameBOLSER-AUMEN, KIMNameAUMEN, NICHOLAS GAddress3889 185TH TRAIL NORTHAddress3889 185TH TRAIL NORTHCity-State-Zip:LOXAHATCHEE FL 33470City-State-Zip:LOXAHATCHEE FL 33470

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS G. AUMEN

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

06/05/2015