



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Due no later than: 05/31/2020

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 459853

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/06/2015

Formation Locale: ID

**Name and Mailing Address:**

280 DRAGONFLY, LLC

416 E FOSTER AVE

COEUR D ALENE, ID 83814-3045

(1) Add or Change Mailing Address:

**Registered Agent (RA) and Registered Office (RO) Address:**

KAREN L VAUGHN

416 E FOSTER AVE

COEUR D ALENE, ID 83814

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Karen Lynn Vaughn	416 E Foster Ave	Coeur d'Alene, Id 83814
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Glenn Alan Vaughn	416 E Foster Ave	Coeur d'Alene, Id 83814
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Karen Vaughn*

(6) Date:

4/15/2020

(7) Type/Print Name:

Karen Vaughn

(8) Title:

manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B04934-3595 04/20/2020 11:10 AM Received by ID Secretary of State Lawrence Denney