

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000114022

**FILED**  
**Apr 24, 2010**  
**Secretary of State**

**Entity Name:** SYNTRICITY NETWORKS, LLC

**Current Principal Place of Business:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

C/O LOUISE JEROSLOW, ESQ.  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

JEROSLOW, LOUISE ESQ.  
C/O LAW OFFICES OF LOUISE T. JEROSLOW  
6075 SUNSET DRIVE, SUITE 201  
SOUTH MIAMI, FL 33143 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** CEO  
**Name:** FANNIN, DEBORAH D  
**Address:** 2855 REGAL PINE TRAIL  
**City-St-Zip:** OVIEDO, FL 32766 US

**Title:** CFO  
**Name:** GONZALEZ, MARIA E  
**Address:** 1835 N.E. MIAMI GARDENS DRIVE  
**City-St-Zip:** NORTH MIAMI BEACH, FL 33179

**Title:** MGRM  
**Name:** ALICEA, MICHAEL  
**Address:** 13306 SHIPWRIGHTS CIRCLE  
**City-St-Zip:** SOLOMONS, MD 20688

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:** MARIA E. GONZALEZ

MM

04/24/2010

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