2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056048

Entity Name: SYNAESTHESIS, LLC

_____, ____, ____, ____, ____, ____

Current Principal Place of Business:

5033 SE BOLLARD AVENUE

DBA COMMUNITY MARINE WATER RESOURCE PLANNING

STUART, FL 34997

Current Mailing Address:

5033 SE BOLLARD AVE. DBA COMMUNITY MARINE WATER RESOURCE PLANNING STUART, FL 34997 US

FEI Number: 54-2155703 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANASTON-KARAS, JAMES E 5003 SE BOLLARD AVE. STUART, FL 34997 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: JAMES E ANASTON-KARAS 02/17/2021

Electronic Signature of Registered Agent

Date

FILED Feb 17, 2021

Secretary of State

7575131282CC

Authorized Person(s) Detail:

Title MGRM

Address

Name ANASTON-KARAS, JAMES E

5003 SE BOLLARD AVENUE DBA COMMUNITY MARINE WATER

RESOURCE PLANNING

City-State-Zip: STUART FL 34997

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: JAMES E ANASTON-KARAS

MGRM

Date

02/17/2021