

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056048

**Entity Name:** SYNAESTHESIS, LLC

**Current Principal Place of Business:**

619 NE 117 STREET  
OCALA, FL 34479

**Current Mailing Address:**

619 NE 117 STREET  
OCALA, FL 34479 US

**FEI Number:** 54-2155703

**Certificate of Status Desired:** No

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

ANASTON-KARAS, KIM  
619 NE 117 STREET  
OCALA, FL 34479 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name ANASTON-KARAS, JAMES E  
Address 619 NE 117 STREET  
City-State-Zip: Ocala FL 34479

*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:** JAMES ANASTON-KARAS

MANAGER

03/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date