

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114323

**Entity Name:** SYNERGY SERVICES, LLC

**Current Principal Place of Business:**

4510 SE 7TH PLACE  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 831781  
OCALA, FL 34483 US

**FEI Number:** 27-1625642

**Certificate of Status Desired:** No

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

STEVENS, DARRYL II  
4510 SE 7TH PLACE  
OCALA, FL 34471 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           | MGR                | Title           | EXECUTIVE MANAGER  |
| Name            | STEVENS, DARRYL II | Name            | STEVENS, CAITLIN L |
| Address         | 4510 SE 7TH PLACE  | Address         | 4510 SE 7TH PLACE  |
| City-State-Zip: | OCALA FL 34471     | City-State-Zip: | OCALA FL 34471     |

*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:** CAITLIN L STEVENS

**EXECUTIVE MANAGER**

**02/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date