## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103369

Entity Name: SYNERGY NORTH AMERICA, LLC

inity Name. STNERGT NORTH AMERICA, E

**Current Principal Place of Business:** 

2957 WEST STATE ROAD 434 SUITE 200

LONGWOOD, FL 32779

**Current Mailing Address:** 

2957 WEST STATE ROAD 434 SUITE 200 LONGWOOD, FL 32779

FEI Number: 27-1642734 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GOEDE, ARMAND J 2957 WEST STATE ROAD 434 SUITE 200 LONGWOOD, FL 32779 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

FILED Apr 29, 2015

**Secretary of State** 

CC5126484325

## Authorized Person(s) Detail:

Title MGRM

Name GOEDE, ARMAND J

Address 2957 WEST STATE ROAD 434, SUITE

200

City-State-Zip: LONGWOOD FL 32779

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: ARMAND J GOEDE MEMBER 04/29/2015