## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050424

Entity Name: 1613-1615FL SYNERGY, LLC

**Current Principal Place of Business:** 

815 NE 82 ST MIAMI. FL 33138

**Current Mailing Address:** 

PO BOX 530382 MIAMI, FL 33150

FEI Number: APPLIED FOR Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEWS, CHARLES P 815 NE 82 ST MIAMI, FL 33138 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.

Title

**MEMBER** 

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Apr 30, 2014

**Secretary of State** 

CC4200150743

Authorized Person(s) Detail:

Title MGRM

Name MATTHEWS, CHARLES P Name PIERCE, MICHELLE

 Address
 PO BOX 530382
 Address
 815 NE 82 ST

 City-State-Zip:
 MIAMI FL 33130
 City-State-Zip:
 MIAMI FL 33138

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: CHARLES P. MATTHEWS

**MGRM** 

04/30/2014