

**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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MEMBER
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

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

\_\_\_\_\_  
Date