## 2013 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

**FILED** Apr 30, 2013

**Secretary of State** 

CC9754506148

## Authorized Person(s) Detail:

Title MGRM

Name MATTHEWS, CHARLES P

Address PO BOX 530382 City-State-Zip: MIAMI FL 33130

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES MATTHEWS

Electronic Signature of Signing Authorized Person(s) Detail

**MGRM** 

04/30/2013 Date