

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000139182

Entity Name: 821U8FLSYNERGY,LLC

Current Principal Place of Business:

815 NE 82ND ST
MIAMI, FL 33138

Current Mailing Address:

PO BOX 530382
MIAMI, FL 33153 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATTHEWS, CHARLES P
815 NE 82ND 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 82ND ST
City-State-Zip:	MIAMI FL 33153	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 MATTHEWS

MM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date