

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000079968

**Entity Name:** SYNMEDX, LLC

**Current Principal Place of Business:**

12864 BISCAYNE BLVD #366  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12864 BISCAYNE BLVD #366  
NORTH MIAMI, FL 33181

**FEI Number:** 46-5728127

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STEARNS WEAVER MILLER WEISSLER ALHADEFF &  
ATTN: DAVID M. SEIFER, ESQ.  
150 WEST FLAGLER STREET STE 2200  
MIAMI, FL 33131 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            MGR  
Name            SHAPIRO, ANDREW  
Address        12864 BISCAYNE BLVD #366  
City-State-Zip: NORTH MIAMI FL 33181

Title            MGR  
Name            ENGEL, MARC  
Address        12864 BISCAYNE BLVD #366  
City-State-Zip: NORTH MIAMI FL 33181

*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:** ANDREW SHAPIRO

**MANAGER**

**01/06/2016**

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

\_\_\_\_\_  
Date