

2017 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	Title	MGR
Name	SHAPIRO, ANDREW	Name	ENGEL, MARC
Address	12864 BISCAYNE BLVD #366	Address	12864 BISCAYNE BLVD #366
City-State-Zip:	NORTH MIAMI FL 33181	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

MANAGING MEMBER

01/04/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date