

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000075688

**Entity Name:** MAGNAPHI TECHNOLOGIES LLC

**Current Principal Place of Business:**

2600 S DOUGLAS RD  
STE 1008  
CORAL GABLES, FL 33134-6143

**Current Mailing Address:**

2600 S DOUGLAS RD  
STE 1008  
CORAL GABLES, FL 33134-6143 US

**FEI Number:** 57-1233782

**Certificate of Status Desired:** Yes

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

TOLLEY, RACHEL L  
2600 S DOUGLAS RD  
STE 1008  
CORAL GABLES, FL 33134-6143 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           MANAGING MEMBER  
Name           SYNERPHI FAMILY LIMITED LIABILITY  
                  LIMITED PARTNERSHIP  
Address       2600 S DOUGLAS RD  
                  STE 1008  
City-State-Zip: CORAL GABLES FL 33134-6143

*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:** GEORGE TELLEZ

**GENERAL PARTNER**

**04/25/2017**

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

\_\_\_\_\_  
Date

**FILED**  
**Apr 25, 2017**  
**Secretary of State**  
**CC9490945184**

**FILING CANCELLED**  
**RETURNED CHECK**