

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000340667

**Entity Name:** SYNERGY SURPLUS SOLUTIONS LLC

**Current Principal Place of Business:**

7801 POINT MEADOWS DRIVE  
UNIT 6402  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7801 POINT MEADOWS DRIVE  
UNIT 6402  
JACKSONVILLE, FL 32256 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

IMOUKHUEDE, IMOIMION U  
7801 POINT MEADOWS DRIVE  
UNIT 6402  
JACKSONVILLE, FL 32256 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 IMOUKHUEDE, IMOIMION U  
Address 7801 POINT MEADOWS DRIVE, UNIT  
6402  
City-State-Zip: JACKSONVILLE FL 32256

Title MGR  
Name SMITH, SONIA  
Address 5045 SABLE CHIMES DRIVE  
City-State-Zip: WIMAUMA FL 33598

*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:** IMOIMION IMOUKHUEDE

**MANAGER**

**03/15/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date