## 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.

PRESIDENT

SIGNATURE: JUAN CARLOS RIOS

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 87-3617017 Name and Address of Current Registered Agent:

**Current Principal Place of Business:** 

DOCUMENT# L21000491999

**Current Mailing Address:** 

RIOS, JUAN C 7961 NW 114 CT DORAL, FL 33178 US

3124 NW 72 AVENUE MIAMI, FL 33122

7961 NW 114 CT DORAL, FL 33178

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

Entity Name: SYNERGY EMPLOYMENT SERVICES, LLC

## Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CHIRINOS, NELSY C	Name	RIOS, JUAN C
Address	7961 NW 114 CT	Address	7961 NW 114 CT
City-State-Zip:	DORAL FL 33178	City-State-Zip:	DORAL FL 33178

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 12, 2023 Secretary of State 5083404504CC

Certificate of Status Desired: No

Date

Date

01/12/2023