

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000498440

**Entity Name:** SYNERGY LOGISTICS SOLUTION LLC

**Current Principal Place of Business:**

1001 BRIKELL BAY DRIVE  
SUITE 2704  
MIAMI,FLORIDA, FL 33131

**Current Mailing Address:**

1001 BRIKELL BAY DRIVE  
SUITE 2704  
MIAMI, FL 33131

**FEI Number:** 87-4162951

**Certificate of Status Desired:** Yes

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

MANAS, IONUT M  
1504 BAY RD  
APT 810  
MIAMI BEACH, FL 33139 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            | MANAS, IONUT M       | Name            | ISTRATE, FELIX               |
| Address         | 1504 BAY RD,APT 810  | Address         | 13499 BISCAYNE BLVD,APT 1701 |
| City-State-Zip: | MIAMI BEACH FL 33139 | City-State-Zip: | NORTH MIAMI BEACH 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:** IONUT MIHAI MANAS

MGR

01/25/2022

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

\_\_\_\_\_  
Date