FILED
May 12, 2002 8:00 am
Secretary of State
05-12-2002 90609 021 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011392

1. Entity Name
Synergy East, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3658 Stepping Stone Court
Suite, Apt. #, etc.
City & State
Port Orange, FL
Zip 32127 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State (same)
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3732512 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

7. Name and Address of Current Registered Agent
Name Daniel S. Friebis
Street Address (P.O. Box Number is Not Acceptable) 3890 Turtle Creek Dr.
Suite B-1
Port Orange FL Zip Code 32127

DO NOT WRITE IN THIS SPACE

8. 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 ____ DATE ____
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS (mgrm)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	David K. Colby 3658 Stepping Stone Ct. Port Orange, FL 32127	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: X [signature] 5-1-02 386-760-2584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #