

07/07/2004 17:05

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C R COOPI

FILED
Jul 14, 2004 8:00 am
Secretary of State

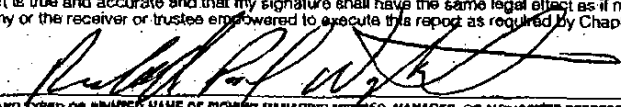
07-14-2004 90061 009 ****50.00

**2004 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

14025634



07072004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L01000012953			
1. Entity Name SYNERGY, LLC			
Principal Place of Business 505 BEACHLAND BLVD SUITE 3 VERO BEACH, FL 32963		Mailing Address 505 BEACHLAND BLVD SUITE 3 VERO BEACH, FL 32963	
2. Principal Place of Business 1600 26TH STREET Suite, Apt. #, etc. STE 10 City & State VERO BEACH, FLORIDA		3. Mailing Address 1600 26TH STREET Suite, Apt. #, etc. STE 10 City & State VERO BEACH, FLORIDA	
Zip 32960	Country US	Zip 32960	Country US
4. FEI Number 65-1126667		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COOPER, C.R. 5350 10TH AVENUE NORTH, SUITE 8 LAKE WORTH, FL 33463		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1495 FOREST HILL BLVD STE B City WEST PALM BEACH FL Zip Code 33406	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WYTRVAL, RANDALL P MGRM 505 BEACHLAND BLVD, SUITE 3 VERO BEACH, FL 32963 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1600 26TH STREET STE 10 VERO BEACH, FLORIDA 32960 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MELVIN, JAMES T MGRM 505 BEACHLAND BLVD, SUITE 3 VERO BEACH, FL 32963 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 606, Florida Statutes.			
SIGNATURE: 		6/7/04 772-794-4498	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

*Attachment**14025634*
L01000012953

C.R. COOPER, CPA, PA
1495 FOREST HILL BLVD STE B
WEST PALM BEACH, FLORIDA 33406

American Institute of
Certified Public Accountants

(561) 964-6927
(561) 432-0008

Florida Institute of
Certified Public Accountants

FAX (561) 433-3596

July 6, 2004

Department of State
Division of Corporations
P.O. Box 6478
Tallahassee, Florida 32314

Taxpayer: Syngery, LLC.
Document #: L01000012953
FEIN: 65-1126667
Tax Form: UBR
Tax Period: 2004

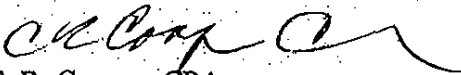
To Whom It May Concern:

We have enclosed check # ~~2664~~ in the amount of \$50.00 for the Annual Renewal of Synergy, LLC, and Document # L01000012953.

Please abate the penalty as Mr. Wytval did not receive the original UBR and did not intentionally avoid the filing.

Thank you for your prompt attention to this matter. Please contact our office if any further information or explanation is required.

Respectfully,


C. R. Cooper, CPA

Encl.

cc