

FILED
Jun 09, 2005 8:00 am
Secretary of State

06-09-2005 90185 001 ****50.00

DOCUMENT # **LOZ00000 1842**

1. Entity Name

TRADING SYNEGIES LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2402 GOLF VISTA BLVD

3. Mailing Address
Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ROCKLEDGE, FL

City & State

4. FEI Number
02-0548538

Applied For
☐ Not Applicable

Zip
32955-6520

Country

Zip

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

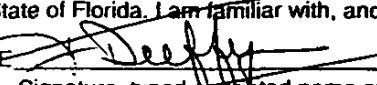
FRANCOISE DUFFY

Street Address (P.O. Box Number is Not Acceptable)
2402 GOLF VISTA BLVD

City
ROCKLEDGE

Zip Code
FL 329556520

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  **FRANCOISE C. DUFFY** 6/1/05
Signature, typed or printed name of registered agent and title if applicable. **Managing Partner**

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PARTNER/MANAGER
FRANCOISE C DUFFY
2402 GOLF VISTA BLVD
ROCKLEDGE FL 329556520**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PARTNER
JOHN C DUFFY
2402 GOLF VISTA BLVD
ROCKLEDGE FL
32955-6520**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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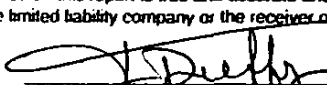
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Managing Partner** 6/1/05 506 838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, PARTNER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #