

# **2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L02000034103

**FILED**  
**Oct 24, 2005**  
**Secretary of State**

**Entity Name:** CYNERGY CONSULTING, LLC

**Current Principal Place of Business:**

6401 WALKABOUT LANE  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

2846-A REMINGTON GREEN CIR  
TALLAHASSEE, FL 32312 US

**Current Mailing Address:**

6401 WALKABOUT LANE  
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

2846-A REMINGTON GREEN CIR  
TALLAHASSEE, FL 32312 US

**FEI Number:** 26-7531120

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HENDERSON, CYNTHIA A  
6401 WALKABOUT LANE  
TALLAHASSEE, FL 32309 US

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

HENDERSON, CYNTHIA A  
2846-A REMINGTON GREEN CIRCLE  
TALLAHASSEE, FL 32312 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: CYNTHIA A. HENDERSON

10/24/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HENDERSON, CYNTHIA A  
Address: 6401 WALKABOUT LANE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HENDERSON, CYNTHIA A  
Address: 2846-A REMINGTON GREEN CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32312

I hereby certify that the information supplied with this filing does not qualify for the 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 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 608, Florida Statutes.

SIGNATURE: CYNTHIA A. HENDERSON

MGR

10/24/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date