## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

## DOCUMENT # L02000034235

1. Entity Name
SYNERGISTIC SOLUTIONS, LIMITED LIABILITY
COMPANY



Principal Place of Business

P.O. BOX 432 WEST PALM BEACH, FL 33402 Mailing Address

P.O. BOX 432

WEST PALM BEACH, FL 33402

## FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90320 023 \*\*\*138.75

60026254



04042008 No Chg-LLC

CR2E083 (12/07)

5. Certificate of Status Desired	 \$5.00	Not Applicable Additional
4. FEI Number 75-3095668	-	Applied For

6. Name and Address of Current Registered Agent

MUSGROVE, CHARLES 2328 S. CONGRESS AVE WEST PALM BEACH, FL 33406

DC	NOT	WR	ITE
IN	THIS	SPÁ	CE

SIGNATURE	ions of registered agent.  Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARL A. FLICK REVOCABLE TRUST DATED 12/17 P.O. BOX 432 WEST PALM BEACH, FL 33402	''	
NAME STREET ADDRESS CITY-ST-ZIP			
NAME STREET ADDRESS CITY+ST-ZIP		DO N	NOT WRITE
TITLE MAME STREET ADDRESS CITY-ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>*</b>		
indicated	Certify that the information supplied with this filing does not con this report is true and accurate and that my signature shibility company of the receiver of trustee empowered to exect	all have the same legal effect as if made under oath	that I am a managing member or manager of the