

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000005060

1. Entity Name
SYNCHRONICITY, LLC



Principal Place of Business

**1016 COLLIER CENTER WAY, SUITE 103
NAPLES, FL 34110**

Mailing Address

**1016 COLLIER CENTER WAY, SUITE 103
NAPLES, FL 34110**



01102006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0069398

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(Print name of registered agent and the fee paid)

(If the registered agent's signature is required, sign here)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MJC, LLC
STREET ADDRESS	1016 COLLIER CENTER WAY, STE 103
CITY ST ZIP	NAPLES, FL 34110
TITLE	MGR
NAME	CONNORS, MICHAEL J
STREET ADDRESS	1016 COLLIER CENTER WAY, STE 103
CITY ST ZIP	NAPLES, FL 34110
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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01/25/06-80023-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this report does not qualify for the exemptions contained in Chapter 119, 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:

Michael J Connors Manager

1/15/06

2392540175

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