

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045861

Entity Name: SYNKRONIZED US LLC

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

19201 COLLINS AVENUE  
133A  
SUNNY ISLES, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

19201 COLLINS AVENUE  
133A  
SUNNY ISLES, FL 33160

**New Mailing Address:**

FEI Number: 20-1285205

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COHEN, ALEX  
19201 COLLINS AVENUE  
133A  
SUNNY ISLES, FL 33160 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: COHEN, ALEXANDRE D  
Address: 19201 COLLINS AVENUE SUITE 133A  
City-St-Zip: SUNNY ISLES, FL 33160 US

I hereby 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: ALEXANDRE COHEN

P

04/12/2010

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