

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90043 039 ****50.00

DOCUMENT # L04000059667

1. Entity Name
DELTRUST CYNERGI HOLDINGS, LLC



Principal Place of Business
**1550 N.E. MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33179**

Mailing Address
**1550 N.E. MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33179**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04062006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1517355

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DADE COUNTY CORPORATE AGENTS, INC.
18901 NE 29TH AVENUE
SUITE 100
AVENTURA, FL 33180**

7. Name and Address of New Registered Agent

Name **RON Davidson**
Street Address (P.O. Box Number is Not Acceptable)
1550 NE Miami Gardens Drive
Suite 200
City **North Miami Beach** FL Zip Code **33179**

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 **Ron Davidson** DATE **4/6/06**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME **DAVIDSON, RON**
STREET ADDRESS **1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME **ORGAD, IZHAK**
STREET ADDRESS **1550 N.E. MIAMI GARDENS DRIVE 2ND FLOOR**
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing 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: **Ron Davidson** DATE **4/6/06** Daytime Phone # **305-945-5626**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE