

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-13-2006 90043 040 ****50.00

DOCUMENT # L04000059676

1. Entity Name
DELTRUST CYNERGI MANAGEMENT, LLC



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

Mailing Address
**1550 NE MIAMI GARDENS DRIVE
2ND FLOOR
NORTH MIAMI BEACH, FL 33179**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04062006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number
20-1637111

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

(Signature)
Signature, typed or printed name of registered agent and title if applicable.

Ron Davidson

(NOTE: Registered Agent signature required when reinstating)

4/6/06

DATE

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

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

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

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

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☐ Change ☐ Addition

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:

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

Ron Davidson

4/6/06

Date

Daytime Phone #

305-945-5626