2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State
05-04-2006 90017 040 ****50.00

05012006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000101121

1. Entity Name
A SYNERGY FINANCIAL SERVICES GROUP, LLC

Principal Place of Business	Mailing Address
11340 MISTY ISLE LANE RIVERVIEW, FL 33569 US	P.O. BOX 3239 APOLLO BEACH, FL 33572 US

2. Principal Place of Business	3. Mailing Address
5717 Piney Lane Dr	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State
Zip: 33625 Country: US	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENNIX, VICTORIA
11340 MISTY ISLE LANE
RIVERVIEW, FL 33569

7. Name and Address of New Registered Agent

Name: Victoria Pennix
Street Address (P.O. Box Number is Not Acceptable): 5717 Piney Lane Drive
City: Tampa FL Zip Code: 33625

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: Victoria Pennix Victoria Pennix 4-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	MGRM PENNIX, VICTORIA 11340 MISTY ISLE LANE RIVERVIEW, FL 33569	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Victoria Pennix 5717 Piney Lane Drive Tampa, FL 33625	☒ Change ☐ Addition
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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: Victoria Pennix Victoria Pennix 4-30-06 727-867-1705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #