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Secretary of State
05-18-2007 90220 003 ****50.00

MAY-01-2007 03:40 PM 5/18/

30010285

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000101121

1. Entity Name
A SYNERGY FINANCIAL SERVICES GROUP, LLC

Principal Place of Business	Mailing Address
5717 PINEY LANE DRIVE TAMPA, FL 33625 US	P.O. BOX 3239 APOLLO BEACH, FL 33572 US

05012007 Chg-LLC CREE083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4905 34th Street South
Suite, Apt. #, etc.	Suite, Apt. #, etc. #264
City & State	City & State St Petersburg, FL
Zip / County	Zip 33711 / County US

4. FEI Number 20-3616271 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PENNDL, VICTORIA
5717 PINEY LANE DRIVE
TAMPA, FL 33625

7. Name and Address of New Registered Agent

Name: Basseenah Salat
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: Basseenah Salat 5-1-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date

Filing Fee is $400.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM PENNDL, VICTORIA 5717 PINEY LANE DRIVE TAMPA, FL 33625 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Basseenah Salat 5717 Piney Lane Drive Tampa, FL 33625 ☐ Change ☒ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ 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 605, Florida Statutes.

SIGNATURE: Basseenah Salat 5-1-07
Date