# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L05000111712**

1. Entity Name
SYNTEGRITY SOLUTIONS, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 60 4TH STREET, S.W.<br>WINTER HAVEN, FL 33880 | P.O. BOX 1834<br>WINTER HAVEN, FL 33882 |

**DO NOT WRITE IN THIS SPACE**

01072008 No Chg-LLC        CR2E083 (12/07)

| 4. FEI Number | Applied For |
|---|---|
| 20-3840422 | Not Applicable |

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

**6. Name and Address of Current Registered Agent**

CARDEN, ROBERT E JR.
60 4TH STREET, S.W.
WINTER HAVEN, FL 33880

**DO NOT WRITE IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable        (NOTE Registered Agent signature required when reinstating)        DATE

**FILE NOW!!! FEE IS $138.75**
**After May 1, 2008 Fee will be $538.75**

U000000791277
01/23/08-80069-001  138.75

| 9. | MANAGING MEMBERS/MANAGERS |
|---|---|
| TITLE | MGR |
| NAME | CARDEN, JR, ROBERT E |
| STREET ADDRESS | 60 4TH ST. SW |
| CITY-ST-ZIP | WINTER HAVEN, FL 33880 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** _____        1/18/07        863 291-3505

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE        Date        Daytime Phone #