

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000026630

FILED
Oct 09, 2007
Secretary of State

Entity Name: ESYNERGY CONCEPTS LLC

Current Principal Place of Business:

4920 NEWKIRK DRIVE STE. 4
TAMPA, FL 33624 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 342764
TAMPA, FL 33694

New Mailing Address:

345 BAYSHORE BLVD.
P01
TAMPA, FL 33606

FEI Number: 20-4495990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SPIRES, DUANE C
4920 NEWKIRK DRIVE STE. 4
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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.

SIGNATURE: DUANE SPIRES

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SPIRES, DUANE C
Address: 4920 NEWKIRK DRIVE STE. 4
City-St-Zip: TAMPA, FL 33624 US

Title: MGR () Delete
Name: DICICCO, RICHARD L
Address: 345 BAYSHORE BLVD. APT. 308
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DUANE SPIRES

MGR

10/09/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date