

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

04-30-2007 90046 019 ****50.00

DOCUMENT # L06000048983	
1. Entity Name SYNERGY INTERNATIONAL, L.L.C.	



Principal Place of Business 397 WEKIVA SPRINGS 225 LONGWOOD, FL 32779	Mailing Address 397 WEKIVA SPRINGS 225 LONGWOOD, FL 32779
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30008386



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04232007 Chg-LLC CR2E083 (12/06)

4. FEI Number 26-0187342	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOEDE, ARMAND J. 397 WEKIVA SPRINGS 225 LONGWOOD, FL 32779	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	MGR	☐ Delete		TITLE	MGRM	☐ Change ☒ Addition	
NAME	GOEDE, ARMAND J			NAME	STIVAN BOARD		
STREET ADDRESS	397 WEKIVA SPRINGS, STE. 225			STREET ADDRESS	9 VASSALER COURT		
CITY- ST- ZIP	LONGWOOD, FL 32779			CITY- ST- ZIP	West Orange, New Jersey 07052		
TITLE	MGR	☒ Delete		TITLE	MGRM	☐ Change ☒ Addition	
NAME	ZHOU, YAN			NAME	Michael Goede		
STREET ADDRESS	446 NELO STREET			STREET ADDRESS	110 HARD KNOCKS ROAD		
CITY- ST- ZIP	SANTA CLARA, CA 95054			CITY- ST- ZIP	Unionville, New York 13849		
TITLE	MGRM	☒ Delete		TITLE	MGRM	☐ Change ☒ Addition	
NAME	ZYI CORPORATION, USA			NAME	Bruce Kucera		
STREET ADDRESS	446 NELO STREET			STREET ADDRESS	12400 OLD CHANEY ROAD		
CITY- ST- ZIP	SANTA CLARA, CA 95054			CITY- ST- ZIP	WALTON, NE 68461		
TITLE	MGRM	☒ Delete		TITLE	MGRM	☐ Change ☒ Addition	
NAME	AQUA VITA, INC.			NAME	CARL G Oden		
STREET ADDRESS	397 WEKIVA SPRINGS, STE. 225			STREET ADDRESS	1636 Bearcrossing Circle		
CITY- ST- ZIP	LONGWOOD, FL 32779			CITY- ST- ZIP	Apopka, FL 32703		
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			
TITLE		☐ Delete		TITLE		☐ Change ☐ Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST- ZIP				CITY- ST- ZIP			

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: Armand Goede 407 869 1860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Deletions