

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056064

Entity Name: SYNERGY DESIGN, LLC

FILED
Feb 20, 2008
Secretary of State

Current Principal Place of Business:

1188 N. TAMiami TRAIL, SUITE 102
SARASOTA, FL 34236

New Principal Place of Business:

1188 N. TAMiami TRAIL,
SUITE 102
SARASOTA, FL 34236

Current Mailing Address:

1188 N. TAMiami TRAIL, SUITE 102
SARASOTA, FL 34236

New Mailing Address:

1188 N. TAMiami TRAIL,
SUITE 102
SARASOTA, FL 34236

FEI Number: 20-4970595

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWANEY, NATALIE
5777 BENEVA ROAD SOUTH
SARASOTA, FL 34233 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GOLDSTEIN, JOYCE
Address: 1227 2ND STREET
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: BRADY, JOHN CORBIN
Address: 1227 2ND STREET
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDSTEIN, JOYCE
Address: 1188 N TAMiami TR STE 102
City-St-Zip: SARASOTA, FL 34236

Title: MGR (X) Change () Addition
Name: BRADY, JOHN CORBIN
Address: 1188 N TAMiami TR STE 102
City-St-Zip: SARASOTA, FL 34236

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: JOYCE GOLDSTEIN

MGR

02/20/2008

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