

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058755

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** SYNERGY MORTGAGE SERVICES, LLC

**Current Principal Place of Business:**

405 ALEXANDRIA BLVD., STE 100  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

405 ALEXANDRIA BLVD., STE 100  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 20-5022899

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOLETTEIRE, VICKI  
995 PARASOL PLACE  
OVIEDO, FL 32766 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:** MGRM  
**Name:** THOMAS, CLARISSA M  
**Address:** 3401 WILD EAGLE RUN  
**City-St-Zip:** OVIEDO, FL 32766

**Title:** MGR  
**Name:** VICKI, MOLETTEIRE  
**Address:** 995 PARASOL PLACE  
**City-St-Zip:** OVIEDO, FL 32766

I hereby 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:** CLARISSA M THOMAS

MGR

02/07/2012

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