

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000004438

FILED
Jan 15, 2009
Secretary of State

Entity Name: SYNERGY WELLNESS CLINIC, LLC

Current Principal Place of Business:

275 NE 18 STREET
112
MIAMI, FL 33132

New Principal Place of Business:

Current Mailing Address:

275 NE 18 STREET
112
MIAMI, FL 33132

New Mailing Address:

FEI Number: 01-0878852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSHALL, GUSTAVO
275 NE 18 STREET
112
MIAMI, FL 33132 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: MARSHALL, GUSTAVO DC
Address: 275 NE 18 STREET, SUITE 112
City-St-Zip: MIAMI, FL 33132

Title: MGRM () Delete
Name: FERNANDEZ, NANCY
Address: 275 NE 18 STREET, SUITE 112
City-St-Zip: MIAMI, FL 33132

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: GUSTAVO MARSHALL

MGR

01/15/2009

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