

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000008587

**FILED**  
**Mar 19, 2009**  
**Secretary of State**

**Entity Name:** SYNERGY SOLUTIONS FOR FLORIDA, LLC

**Current Principal Place of Business:**

5731 S.W. 196 LANE  
SOUTHWEST RANCHES, FL 33332 US

**New Principal Place of Business:**

**Current Mailing Address:**

5731 S.W. 196 LANE  
SOUTHWEST RANCHES, FL 33332 US

**New Mailing Address:**

**FEI Number:** 20-8301006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBIN, RICHARD  
5731 S.W. 196 LANE  
SOUTHWEST RANCHES, FL 33332 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 ( ) Delete  
Name: RUBIN, RICHARD  
Address: 5731 S.W. 196 LANE  
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

Title: MGRM ( ) Delete  
Name: CANADA, JOHN  
Address: 17810 SW 52 CT  
City-St-Zip: SOUTHWEST RANCHES, FL 33332 US

**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:** JOHN CANADA

MGRM

03/19/2009

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