

Lo 7000013336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

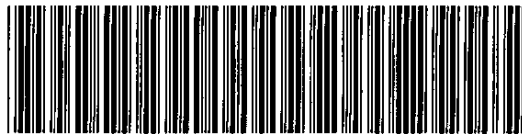
Special Instructions to Filing Officer:

A. LUNT

JAN 30 2008

EXAMINER

Office Use Only



100116222131

01/28/08--01057--029 **75.00

FILED

2008 JAN 28 P 1:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

SYNERGY MEDIA, LLC.

2435 U.S Hwy. 19. Suite#160, Holiday, Florida. 34691 Ph: (727)945-7540 Fax: (727)945-7543

January 23, 2008

TO: Division of Corporations

Reference: Amendments of LLC. Registered Agent & Resignations

To Whom it may concern,

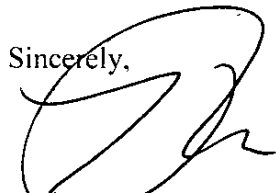
Please note that enclosed are Forms to Change Registered Agent from Richard Diccio to Tara Payne as well as the resignation of Members Richard Diccio and Duane Spire.

Enclosed are fee's that total \$75.00

I am also requesting that resignation & Registered Agent Change be back dated to 9/17/07 if at all possible.

Thank you for your cooperation.

Sincerely,



Tara Payne
Managing Member

Enclosure (3)

FILED
2008 JAN 28 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Synergy Media, LLC.
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tara Payne

(Name of Person)

Synergy Media, LLC.

(Firm/Company)

2435 US Hwy. 19 Suite# 160

(Address)

Holiday, FL. 34691

(City/State and Zip Code)

2008 JAN 28 P 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

Tara Payne

(Name of Person)

at (727) 945-7540

(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Synergy Media, LLC.

2. The mailing address of the limited liability company is : 2435 US Hwy. 19 Suite# 160
Holiday, FL. 34691

02/01/2007

L07000013336

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Richard L Diccico

Name _____

345 Bayshore Blvd P01

Address

Tampa, FL. 33606

City, State and Zip

6. The name and address of the new registered agent and/or office:

Tara Payne

Name _____

2435 US Hwy. 19 Suite# 160

Florida street address (P.O. Box **NOT** acceptable)

Holiday, FL 34691

City, State and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 JAN 28 P 1:00

四三二一

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

✓ Louise Meyer
(Signature of a member or authorized representative of a member)

Laurie Meyer
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00