

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000017929

**FILED**  
**Oct 07, 2008**  
**Secretary of State**

**Entity Name:** SYNER-QI, LLC

**Current Principal Place of Business:**

310 S. OCEAN TRACE RD.  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

4075 A1A SOUTH  
201  
ST. AUGUSTINE BEACH, FL 32080 US

**Current Mailing Address:**

310 S. OCEAN TRACE RD.  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

4075 A1A SOUTH  
201  
ST. AUGUSTINE BEACH, FL 32080 US

**FEI Number:** 20-8461913 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SHOMO, STEVEN M  
310 S. OCEAN TRACE RD.  
ST. AUGUSTINE, FL 32080 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:** STEVEN M SHOMO

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** SHOMO, STEVEN M  
**Address:** 310 S. OCEAN TRACE RD.  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES:**

**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:** STEVEN M SHOMO

MGRM

10/07/2008

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