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FILED
Jun 16, 2008 8:00 am
Secretary of State
05-09-2008 90061 003 ****50.00
06-16-2008 90145 002 ****88.75

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L07000062618

1. Entity Name

SYNERGY SERVICES LLC

DO NOT WRITE IN THIS SPACE

50007125

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2. Principal Place of Business	3. Mailing Address
18 RIBERIA ST	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: ST AUGUSTINE, FL	City & State
Zip: 32084 Country	Zip Country

4. FEI Number: 26-0414721 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: KAREN PITTS

Street Address (P.O. Box Number is Not Acceptable): 18 RIBERIA ST

City: ST AUGUSTINE FL Zip Code: 32084

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT	TITLE	
NAME	KAREN PITTS	NAME	
STREET ADDRESS	18 RIBERIA AVE	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE	SECRETARY	TITLE	
NAME	CHRISTINE GILMAN	NAME	
STREET ADDRESS	18 RIBERIA ST	STREET ADDRESS	
CITY-ST-ZIP	ST AUGUSTINE FL 32084	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: ____________________ 9043775387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

oops!