

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109090

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: THE SYNERGIST GROUP, LLC

## Current Principal Place of Business:

4224 ANSON LANE  
07-104  
ORLANDO, FL 32814

## New Principal Place of Business:

3867 GLIDING PLACE  
SANFORD, FL 32773

## Current Mailing Address:

3867 GLIDING PLACE  
SANFORD, FL 32773

## New Mailing Address:

FEI Number: 26-1310579

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

OWENS, GARY L JR  
3867 GLIDING PLACE  
SANFORD, FL 32773 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: OWENS, GARY L JR  
Address: 3867 GLIDING PLACE  
City-St-Zip: SANFORD, FL 32773

Title: MGRM ( ) Delete  
Name: EDWARDS, ROGER C JR  
Address: 4224 ANSON LANE APT 07-104  
City-St-Zip: ORLANDO, FL 32814

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PAUL, BRIAN K  
Address: 4630 S. KIRKMAN ROAD #822  
City-St-Zip: ORLANDO, FL 32811

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: GARY L. OWENS, JR.

MGRM

04/20/2009

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