

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013933

**FILED**  
**Apr 11, 2011**  
**Secretary of State**

**Entity Name:** LT SYNERGY & ASSOCIATES, LLC

**Current Principal Place of Business:**

1750 W. BROADWAY STREET  
SUITE 106  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

1750 W. BROADWAY STREET  
SUITE 106  
OVIEDO, FL 32765

**New Mailing Address:**

**FEI Number:** 26-1922288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TYRRELL, LORI  
1750 WEST BROADWAY  
SUITE 106  
OVIEDO, FL 32765 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  
**Name:** TYRRELL, LORI A  
**Address:** 1750 W. BROADWAY STREET, SUITE 106  
**City-St-Zip:** OVIEDO, FL 32765

I hereby 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: LORI TYRRELL

MGRM

04/11/2011

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