

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000014005

FILED
Aug 10, 2009
Secretary of State

Entity Name: SYRAGON LLC

Current Principal Place of Business:

2522 GARDENS PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Principal Place of Business:

2307 CASTILLA ISLE
FORT LAUDERDALE, FL 33301 US

Current Mailing Address:

2522 GARDENS PARKWAY
PALM BEACH GARDENS, FL 33410 US

New Mailing Address:

2307 CASTILLA ISLE
FORT LAUDERDALE, FL 33301 US

FEI Number: 26-3134719 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:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD.
SUITE A-100
TAMPA, FL 33612 US

Name and Address of New Registered Agent:

KIMBRELL, GIDEON
2307 CASTILLA ISLE
FORT LAUDERDALE, FL 33301 US

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: GIDEON KIMBRELL

08/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KIMBRELL, GIDEON
Address: 2522 GARDENS PARKWAY
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: KIMBRELL, GIDEON
Address: 2307 CASTILLA ISLE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

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: GIDEON KIMBRELL

MGRM

08/10/2009

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