

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057763

FILED  
Jul 14, 2009  
Secretary of State

Entity Name: SYNNERGI, LLC

**Current Principal Place of Business:**

716 SW 18TH CT  
FORT LAUDERDALE, FL 33315

**New Principal Place of Business:**

**Current Mailing Address:**

716 SW 18TH CT  
FORT LAUDERDALE, FL 33315

**New Mailing Address:**

1200 BRICKELL BAY DR  
# 3307  
MIAMI, FL 33131

FEI Number: 42-1765875      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

METZ, MICHAEL  
SECOND FLOOR, FLAGLER PLAZA  
1217 SOUTH FLAGLER DRIVE  
WEST PALM BEACH, FL 33401 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: MGR ( ) Delete  
Name: GARCIA, MARIO R  
Address: 716 SW 18TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33315

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

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: GARCIA, EVERARDO  
Address: 2842 E 220TH PL  
City-St-Zip: CARSON, CA 90810

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: MARIO GARCIA

MGR

07/14/2009

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