

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001364

**Entity Name:** SYNERGY FLORIDA INSOLES LLC

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

2474 SW GALIANO RD  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

2474 SW GALIANO RD  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 26-2539113

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBERTS, ANDREW W  
2474 SW GALIANO RD  
PORT ST. LUCIE, FL 34987 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  
**Name:** ROBERTS, ANDREW W  
**Address:** 2474 SW GALIANO RD.  
**City-St-Zip:** PORT ST. LUCIE, FL 34987

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: ANDREW W. ROBERTS

MGR

04/24/2012

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