

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003050

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** SYNERGY FINANCIAL SOLUTIONS LLC

**Current Principal Place of Business:**

410 N DILLARD STREET  
102-A  
WINTER GARDEN, FL 34787

**New Principal Place of Business:**

**Current Mailing Address:**

410 N DILLARD STREET  
102-A  
WINTER GARDEN, FL 34787

**New Mailing Address:**

**FEI Number:** 27-1636599

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AVERY, NINA K  
17548 MANDARIN CIRCLE  
WINTER GARDEN, FL 34787 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:** AVERY, NINA K  
**Address:** 17548 MANDARIN CIRCLE  
**City-St-Zip:** WINTER GARDEN, FL 34787 US

**Title:** MGR  
**Name:** INOCHOVSKY, ROMAN  
**Address:** 8814 BAY HARBOUR BLVD  
**City-St-Zip:** ORLANDO, FL 32836

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:** NINA K AVERY

MG

04/23/2011

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