

L1400019190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

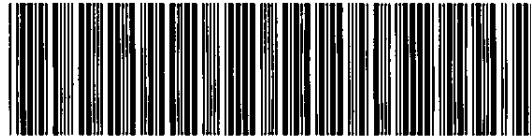
(Business Entity Name)

(Document Number)

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T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SYNERGY AUTO DEALS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEEVE VIRGILE

Name of Person

SYNERGY AUTO DEALS LLC

Firm/Company

912 NW 110TH ~~ST~~ AVE

Address

PLANTATION, FL 33324

City/State and Zip Code

VIRGILEINTERNATIONAL@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEEVE VIRGILE

Name of Person

at (786) 444-3236

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☒ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SYNERGY AUTO DEALS LLC

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	DERALUS, FRANTZ	1832 PIERCE DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
CMO	HENRI, DICARBA	1832 PIERCE DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
AMBR	HENRI, DICARBA	1832 PIERCE DR	<input type="checkbox"/> Add
		LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Remove
COO	VIRGILE, STEEVE	912 NW 110TH ST AVE	<input type="checkbox"/> Add
		PLANTATION, FL 33324	<input checked="" type="checkbox"/> Remove
MGR	VIRGILE, STEEVE	912 NW 110TH ST AVE	<input checked="" type="checkbox"/> Add
		PLANTATION, FL 33324	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated August 29, 2014



Signature of a member or authorized representative of a member

VIRGILE, STEEVE

Typed or printed name of signee

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