## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M0200002483

SYNEHELS OF INDIANALLIC



**FILED** Jan 24, 2003 8:00 am Secretary of State 01-24-2003 90255 040 \*\*\*\*50.00

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Principal Plac	e of Business	Mailing Address	ailing Address				54171		
2875 SOUTH OCEAN BLVD SUITE 200-29 PALM BEACH FL 33480		2875 SOUTH OCEAN BE PALM BEACH FL 33480	2875 SOUTH OCEAN BLVD SUITE 200-29 PALM BEACH FL 33480				<b>W</b> 0	01100	<b>3:1</b>
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			011   11 <b>02</b>   1 <b>0   01   40</b>   11 <b>02</b>   1	) <b>60</b> 696 <b>66</b> 997 <b>58</b> 96	1 11611 <b>6</b> 1881 11	1107 1111 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Num	ber <b>63-123415</b>	6		oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificat	te of Status Desired	11 7	5.00 Add	
	6. Name and Address of Curre	ent Registered Agent			7. Name an	d Address of New F	legistered A	gent	
C T CORPORATION SYSTEM				رى دارى دارى دارى دارى دى مىلىك دائل بىلىك دائل ئىلىدىك دائل كالمارى كالمارى كالمارى كالمارى كالمارى كالمارى كالمارى					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Str	Street Address (P.O. Box Number is Not Acceptable)					
T CA	ITIAIIOIT I E GOOZT								
			Cit	у		<del></del>	FL	Zip Cod	e
	named entity submits this statemen ions of registered agent.	t for the purpose of changing	its registered offi	ice or register	ed agent, or b	oth, in the State of Fk	orida. 1 am fa	miliar with,	and accept
SIGNATURE .					<del> </del>				
<del></del>	Signature, typed or printed name of registered ag	<del>- 1</del>	IOTE: Registered Agent		when reinstating)		DATE		
		NOW!!! FEE	,	-44					
		Make Check Paya	able to Florida Due By May 1,	-	nt of State				
9.	MANAGING MEN	BERS/MANAGERS	10.		1	ADDITIONS	CHANGES		
TITLE	MGRM	Delete	TITLE	T		ADDITIONS		☐ Change	Addition
NAME	AVERETT, JOHN	Z Book	NAME						
STREET ADDRESS 2875 SOUTH OCEAN BLVD., SUITE 200-29			STREET ADD						
CITY-ST-ZIP	PALM BEACH FL 33480		CITY- ST- ZIF						
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CITY-ST-ZIP			CITY-ST-ZIP	<u>'l</u>					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability complany or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE** 

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE