

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # M06000005584

1. Entity Name
SYNTONIC DESIGN GROUP, LLC



Principal Place of Business
**1470 ROUTE 199
MILAN, NY 12571**

Mailing Address
**1470 ROUTE 199
MILAN, NY 12571**



01142008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
68-0609335

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**INCRP SERVICES, INC.
18450 NE 2ND AVE.
MIAMI, FL 33179**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MEAD, LEW
338 HARD SCABBLE ROAD
NO. SALEM, NY 10560**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CLARK, THOMAS
P.O. BOX 634
STONE RIDGE, NY 12484**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STONE, DOREEN
199 SAWMILL ROAD
MILAN, NY 12571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000867829
04/08/08-80088-002 143.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Lewis Mead
Lewis Mead

1-21-08 845-758-6878

Date

Daytime Phone #