

P19000029721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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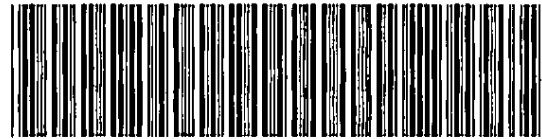
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: New Synrgy corp. Resignation
(Name of Corporation)

DOCUMENT NUMBER: P19000029 721

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ellyse Trethvick
(Name of Person)

New Synrgy corp
(Name of Firm/Company)

Physical:

550 NW University Blvd, Port St. Lucie, FL 34986
(Address)

Mailing: 550 SW Brookside Terr, Port St. Lucie, FL 34983

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellyse Trethvick at (772) 321-4065
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

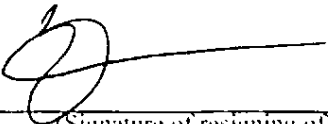
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Ellyse Trethric, hereby resign as President
(Title)

of New Synergy Corp.
(Name of Corporation)

PI9 0000 29 721
(Document Number, if known), a corporation organized under the laws of the State of
Florida


(Signature of resigning officer/director)

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TALLAHASSEE, FLA.

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314