I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

SIGNATURE: RYAN HARKINS

MANAGING MEMBER

Electronic Signature of Signing Authorized Person(s) Detail

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L11000048832

Entity Name: SYNERGY RENEWABLE SYSTEMS, LLC

Current Principal Place of Business:

3040 RIVERSHORE LANE PORT CHARLOTTE, FL 33953

Current Mailing Address:

100 BUSINESS PARK CIRCLE, SUITE 203 STOUGHTON, WI 53589 US

FEI Number: 45-3083303

Name and Address of Current Registered Agent:

HARKINS, DANIEL J 3040 RIVERSHORE LANE PORT CHARLOTTE, FL 33953 US

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:

Α

Title	MGRM	Title	MGRM
Name	HARKINS, DANIEL J	Name	HARKINS, RYAN P
Address	3040 RIVERSHORE LANE	Address	5414 HILLSIDE COURT
City-State-Zip:	PORT CHARLOTTE FL 33953	City-State-Zip:	MCFARLAND WI 53558

	Electronic Signature of Registered Agent			
Authorized Person(s) Detail :				
ītle	MGRM	Title	MGRM	
Name	HARKINS, DANIEL J	Name	HARKINS, RYAN P	

that my name appears above, or on an attachment with all other like empowered.

04/04/2016

Date

FILED Apr 04, 2016 Secretary of State CC7263185747

Certificate of Status Desired: Yes

Date