

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000046339

**Entity Name:** SYNERGY PIPING, LLC

**Current Principal Place of Business:**

3615 EVERGREEN AVENUE  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

3615 EVERGREEN AVENUE  
JACKSONVILLE, FL 32206

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	GOELZ, JOHN H	Name	GOELZ, LARKIN
Address	3615 EVERGREEN AVENUE	Address	337 4TH STREET
City-State-Zip:	JACKSONVILLE FL 32206	City-State-Zip:	ATLANTIC BEACH FL 32233

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

**SIGNATURE:** JOHN GOELZ

**MANAGER**

**03/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date