

2015 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
Name GOELZ, JOHN H
Address 3615 EVERGREEN AVENUE
City-State-Zip: JACKSONVILLE FL 32206

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

MGR

01/16/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date