

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000158185

Entity Name: SYNERGY WELLNESS AND YOGA THERAPY LLC

Current Principal Place of Business:

5412 NORTH DEAN RD.
ORLANDO, FL 32817

Current Mailing Address:

5412 NORTH DEAN RD.
ORLANDO, FL 32817 US

FEI Number: 46-4119552

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAK COURT
A
TAMPA, FL 33612 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 MGRM
Name LOPEZ, MADELINE R
Address 5412 NORTH DEAN RD.
City-State-Zip: ORLANDO FL 32817

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: MADELINE REYES LOPEZ

OWNER

04/11/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date