## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000169457

Entity Name: SYNERMAT, LLC

**FILED** Apr 27, 2018 **Secretary of State** CC7620313935

# **Current Principal Place of Business:**

7 BROOK LN.

CHAPPAQUA, NY 10514

#### **Current Mailing Address:**

7 BROOK LN.

CHAPPAQUA, NY 10514 US

FEI Number: 30-1003129 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

INCORP SERVICES, INC 17888 67TH CT., NORTH LOXAHATCHEE, FL 33470 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 **AMBR** 

Name SYNERMAT S.A. DE C.V.

AVE LOMAS ANAHUAC #133, TORRE Address

B APT. 1

City-State-Zip: ESTADO DE MEXICO, MEX. 52786 AL

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.

04/27/2018 SIGNATURE: ABRAHAM KLIP **PRESIDENT** 

Electronic Signature of Signing Authorized Person(s) Detail

Date