

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000053243

Entity Name: SYNERGY INSURANCE PARTNERS, LLC

Current Principal Place of Business:

215 N WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

215 N WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 46-5060717

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SYNERGY WEALTH ALLIANCE
215 N WESTMONTE DRIVE
ALTAMONTE SPRINGS, FL 32714 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 CEO
Name BORDNER, CHRISTOPHER
Address 215 N WESTMONTE DRIVE
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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: CHRISTOPHER BORDNER

CEO

03/12/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date