

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000256092

**Entity Name:** CYNEFIN, LLC

**Current Principal Place of Business:**

109 NATIVE TREE LN.  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

109 NATIVE TREE LN.  
SANTA ROSA BEACH, FL 32459 US

**FEI Number:** 85-2783661

**Certificate of Status Desired:** No

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

TRUAX, KATHRYN H  
109 NATIVE TREE LN.  
SANTA ROSA BEACH, FL 32459 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 AP  
Name TURNER, ALYSSA  
Address 18 E. CLAYTON COVE  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AP  
Name RODGERS, JENNIFER  
Address 549 EDEN DR.  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title AP  
Name TRUAX, KATHRYN  
Address 109 NATIVE TREE LN.  
City-State-Zip: SANTA ROSA BEACH FL 32459

*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:** JENNIFER RODGERS

AP

03/01/2021

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

\_\_\_\_\_ Date