



BA20241775062



STATE OF CALIFORNIA
Office of the Secretary of State
STATEMENT OF INFORMATION
LIMITED LIABILITY COMPANY

California Secretary of State
 1500 11th Street
 Sacramento, California 95814
 (916) 657-5448

For Office Use Only

-FILED-

File No.: BA20241775062

Date Filed: 10/4/2024

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Entity Details					
Limited Liability Company Name	SYNERGY INSURANCE AGENCY LLC				
Entity No.	202464110609				
Formed In	FLORIDA				
Street Address of Principal Office of LLC					
Principal Address	449 LAKEVIEW DR, APT 4 WESTON, FL 33326				
Mailing Address of LLC					
Mailing Address	449 LAKEVIEW DR, APT 4 WESTON, FL 33326				
Attention					
Street Address of California Office of LLC					
Street Address of California Office	None				
Manager(s) or Member(s)					
<table border="1"> <thead> <tr> <th>Manager or Member Name</th> <th>Manager or Member Address</th> </tr> </thead> <tbody> <tr> <td>+ JONATHAN MEDINA</td> <td>449 LAKEVIEW DR, APT 4 WESTON, FL 33326</td> </tr> </tbody> </table>		Manager or Member Name	Manager or Member Address	+ JONATHAN MEDINA	449 LAKEVIEW DR, APT 4 WESTON, FL 33326
Manager or Member Name	Manager or Member Address				
+ JONATHAN MEDINA	449 LAKEVIEW DR, APT 4 WESTON, FL 33326				
Agent for Service of Process					
California Registered Corporate Agent (1505)	INCORP SERVICES, INC. Registered Corporate 1505 Agent				
Type of Business					
Type of Business	Insurance Agency				
Email Notifications					
Opt-in Email Notifications	Yes, I opt-in to receive entity notifications via email.				
Chief Executive Officer (CEO)					
<table border="1"> <thead> <tr> <th>CEO Name</th> <th>CEO Address</th> </tr> </thead> <tbody> <tr> <td colspan="2">None Entered</td> </tr> </tbody> </table>		CEO Name	CEO Address	None Entered	
CEO Name	CEO Address				
None Entered					
Labor Judgment					
No Manager or Member, as further defined by California Corporations Code section 17702.09(a)(8), has an outstanding final judgment issued by the Division of Labor Standards Enforcement or a court of law, for which no appeal is pending, for the violation of any wage order or provision of the Labor Code.					
Electronic Signature					
<input checked="" type="checkbox"/> By signing, I affirm under penalty of perjury that the information herein is true and correct and that I am authorized by California law to sign.					
<u>JONATHAN MEDINA</u>	<u>10/04/2024</u>				
Signature	Date				