

2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**May 24, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90088 005 \*\*\*\*50.00

DOCUMENT # L03000027903

1. Entity Name

SERENITY HAIR COLOUR & DESIGN LLC



Principal Place of Business

1403 PARK AVENUE, SUITE B  
FERNANDINA BEACH, FL 32034

Mailing Address

1403 PARK AVENUE, SUITE B  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

45-2415642

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PAULEY, KIMBERLY A  
494-STARBOARD-LANDING  
FERNANDINA BEACH, FL 32034

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

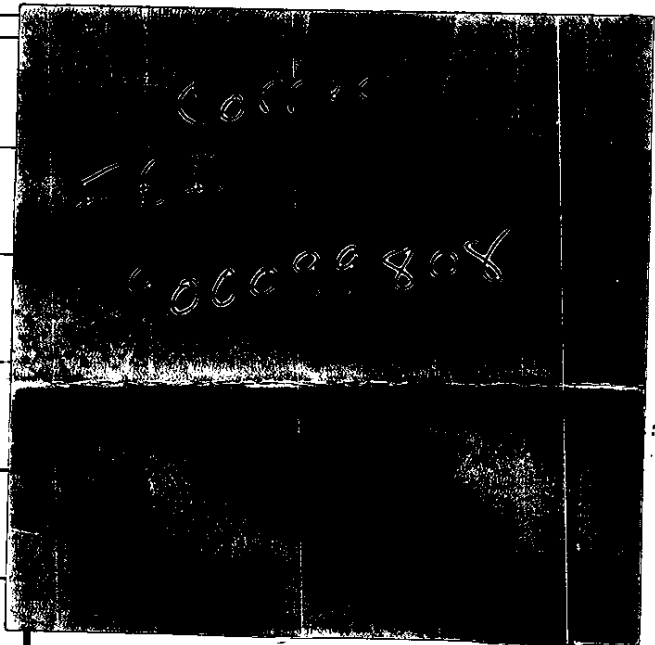
(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PAULEY, KIMBERLY A
STREET ADDRESS	494 STARBOARD LANDING
CITY- ST- ZIP	FERNANDINA BEACH, FL 32034
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	



11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: *Kimberly A. Pauley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/28/05

Date

Daytime Phone #