


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 046 \*\*\*\*50.00

**DOCUMENT # L04000036741**

1. Entity Name  
**SERENITY, LLC.**



Principal Place of Business  
**1100-4 PONCE DE LEON BLVD.  
 C/O KAREN CARTER  
 ST. AUGUSTINE, FL 32084**

Mailing Address  
**1100-4 PONCE DE LEON BLVD.  
 C/O KAREN CARTER  
 ST. AUGUSTINE, FL 32084**

**60035029**



2. Principal Place of Business - No P.O. Box #  
**4010 US1 SOUTH**

3. Mailing Address  
**4010 US1 SOUTH**

Suite, Apt. #, etc.  
**UNIT 20**

04032007 Chg-LLC CR2E083 (12/06)

City & State  
**ST. AUGUSTINE, FL**

City & State  
**ST. AUGUSTINE, FL**

Zip  
**32086**

Country  
**ST. JOHNS**

4. FEI Number  
**20-1140893**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARTER, KAREN  
 1100-4 PONCE DE LEON BLVD.  
 ST. AUGUSTINE, FL 32084**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2007**

Make check payable to  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE P	NAME CAGE, KERRI	<input type="checkbox"/> Delete
STREET ADDRESS 663 BAHIA CT	CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	
TITLE VP	NAME CYE, SABRINA	<input type="checkbox"/> Delete
STREET ADDRESS 108 LOBELLA ST	CITY-ST-ZIP SAINT AUGUSTINE, FL 32086	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Sabrina Cy*

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

Date **4-03-07** Daytime Phone # **904-794-7882**