

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000076424

**Entity Name:** SERRI LMP CORP

**Current Principal Place of Business:**

1505 LEGENDS BLVD  
CHAMPIONS GATE, FL 33896

**Current Mailing Address:**

8297 CHAMPIONS GATE BLVD  
UNIT 200  
CHAMPIONS GATE, FL 33896 US

**FEI Number:** 26-3203653

**Certificate of Status Desired:** No

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

HEXAGON INTERNATIONAL INC  
8297 CHAMPIONS GATE BLVD  
UNIT 200 FCG  
CHAMPIONS GATE, FL 33896 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

**Officer/Director Detail :**

Title P  
Name SERRI, SYLVAIN  
Address 1630 FOREST HILLS LN  
City-State-Zip: HAINES CITY FL 33844

Title VP  
Name SERRI, NICOLAS  
Address 1630 FOREST HILLS LN  
City-State-Zip: HAINES CITY FL 33896

Title S  
Name SERRI, SOLINE  
Address 1630 FOREST HILLS LN  
City-State-Zip: HAINES CITY FL 33844

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** SYLVAIN SERRI

**PDT**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date