

5/22/2002-90255-0

FILED
Sep 02, 2002 8:00 am
Secretary of State

05-22-2002 90255 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000008898**

1. Entity Name

SERENA SHORES, LLC

Principal Place of Business

1227 S. PATRICK DR.
SATELLITE BEACH FL 32937

Mailing Address

1227 S. PATRICK DR.
SATELLITE BEACH FL 32937

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE

59-3722966

4. FEI Number

59-3722966

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional

Fee Required

6. Name and Address of Current Registered Agent

BEALS, ROBERT L
201 NORTH RIVERSIDE DR., STE B
INDIAN LANTIC FL 32803

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
 NAME **MANAGING MEMBER**
 STREET ADDRESS **JAMES H. BATES**
 CITY-ST-ZIP **270 HAMMOCK SHORE DR.**
WELLSBORO BEACH, FL 32951

TITLE ☐ Delete
 NAME **JUSTIN FUHRMANN**
 STREET ADDRESS **9655 E. BAY HARBOR DR.**
 CITY-ST-ZIP **PELHAM BOULEVARD**
BAY HARBOR, FL 33154

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME **William Klinglesmith**
 STREET ADDRESS **1227 S. SOUTH PATRICK DR.**
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Delete
 NAME **Fred Jorge**
 STREET ADDRESS **1227 SOUTH PATRICK DR.**
 CITY-ST-ZIP **SATELLITE BEACH, FL 32937**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME **MANAGING MEMBER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **MANAGING MEMBER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **MANAGING MEMBER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME **MANAGING MEMBER**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 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)(f), 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 registered trustee authorized to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE:

SIGNATURE **MANAGING MEMBER**
 321-723-2522

4/11/02

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

Date

Daytime Phone #

John Managing Member 8/28/02