LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)** 

DOCUMENT # L02000033445

1. Entity Name

SERENITY NOW! LLC



## FILED May 23, 2003 8:00 am Secretary of State 05-23-2003 90046 016 \*\*\*\*50.00

	O NOT WRITE	IN THIS SE	PACE		10105835		
2. Principal Pla		3. Mailing Address					
Suite, Apt. #, etc.  St. Relevshurer Ft		135 3rd St. North Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State  St. Peter		City & State			4. FEI Number	Applied For	
Zip	Country Zip		Country US/4		5. Certificate of Status Desired	Not Applicable  \$5.00 Additional Fee Required	
33.701	3701   USA   3.3701			7. Name and Address of Current Registered Agent  Name 1 ( )			
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
in this space				2585 13174 AVE NORTH			
7			City	City St. Retersburg FL 33 Code 7/3			
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 trille if applicable.							
FEE IS \$50.00  Make Check Payable to Florida Department of State  DUE BY MAY 1							
9.	MANAGING MEMBER	S/MANAGERS				and the second second	
NAME STREET ADDRESS CITY-ST-ZIP	Dwner-President Jodi Bennett 2585 13 THAVE N	1- 33713	TIFLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS				
TITLE NAME STREET ADDRESS			CITY-ST-ZIP TITLE NAME				
-CITY-ST-ZIP-	a Representations and an area		STREET ADDRESS CITY-ST-ZIP		DO_NOT_WR		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS FOITY-ST-ZIP		IN THIS SPA	CE	
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 path; that I am a managing member or manager of the							
SIGNATURE:  SIGNAT							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day							