

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000938

1. Entity Name
SEREIN LLC



Principal Place of Business
**600 PALMETTO ST
NEW SMYRNA BEACH, FL 32168**

Mailing Address
**350 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**



01112005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4208783

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**NEW SMYRNA RADIOLOGY ASSOCIATES, P.A.
350 N CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

**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 **P**
NAME **MARCHAND, TANIA**
STREET ADDRESS **401 PALMETTO ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **VP**
NAME **LEVY, ROBERT**
STREET ADDRESS **401 PALMETTO ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE **S**
NAME **LAMARCA, ANTHONY**
STREET ADDRESS **401 PALMETTO ST.**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

TITLE
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01/20/05-80025-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/12/05

385-428-9957