


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90039 005 \*\*\*\*50.00

|   |   |
|---|---|
| <b>DOCUMENT # L03000014333</b>                  |  |
| 1. Entity Name<br><b>THE SERENITY SHOP, LLC</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3323 NORTH KEY DR.<br/>UNIT D-7<br/>N. FT. MYERS FL 33903</b> | Mailing Address<br><b>3323 NORTH KEY DR.<br/>UNIT D-7<br/>N. FT. MYERS FL 33903</b> |
|---|---|

**20056996**



1st MOORE CR2E083 (10/04)

|                                |         |   |                       |
|--------------------------------|---------|---|-----------------------|
| 2. Principal Place of Business |         | 3. Mailing Address<br><b>1434 SE 19TH TER</b> |                       |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc.                           |                       |
| City & State                   |         | City & State<br><b>CAPE CORAL, FL</b>         |                       |
| Zip                            | Country | Zip<br><b>33990</b>                           | Country<br><b>USA</b> |

|   |  |
|---|--|
| 4. FEI Number<br><b>57-1163671</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |  |

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent<br><b>LAPPIN, PATRICIA<br/>3323 NORTH KEY DR.<br/>UNIT D-7<br/>N. FT. MYERS FL 33903</b> |  | 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 \_\_\_\_\_

|  |  |
|--|--|
| <b>FILE NOW!!! FEE IS \$50.00</b>                        |  |
| <b>Make Check Payable to Florida Department of State</b> |  |
| <b>Due By May 1, 2005</b>                                |  |

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>MGRM<br/>LAPPIN, PATRICIA<br/>3323 NORTH KEY DR.<br/>N. FT. MYERS FL 33903</b> <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>SAFE<br/>SAFE<br/>1434 SE 19TH TER<br/>CAPE CORAL, FL 33990</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:** *Patricia Lappin* **4-27-05 239-574-2884**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #