


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90279 011 \*\*\*\*50.00

**DOCUMENT # L04000036741**

1. Entity Name  
**SERENITY, LLC.**



Principal Place of Business  
**1100-4 PONCE DE LEON BLVD.  
 C/O KAREN CARTER  
 ST. AUGUSTINE, FL 32084**

Mailing Address  
**1100-4 PONCE DE LEON BLVD.  
 C/O KAREN CARTER  
 ST. AUGUSTINE, FL 32084**

**20028390**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**20-1140893**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CARTER, KAREN  
 1100-4 PONCE DE LEON BLVD.  
 ST. AUGUSTINE, FL 32084**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARTER, KAREN 700 BLACKMOOR GATE LANE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Henri Cogh 663 Bahia Ct St. Augustine, FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President Sabrina Cyr 108 Lobelia St St. Augustine FL 32086 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:**  **4/5/05 904-794-7822**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #