


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90157 046 \*\*\*\*50.00

<b>DOCUMENT # L04000036741</b>	
1. Entity Name <b>SERENITY, LLC.</b>	

Principal Place of Business <b>1100-4 PONCE DE LEON BLVD. C/O KAREN CARTER ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>1100-4 PONCE DE LEON BLVD. C/O KAREN CARTER ST. AUGUSTINE, FL 32084</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>4010 US1 SOUTH</b>	3. Mailing Address <b>4010 US1 SOUTH</b>
---	---

Suite, Apt. #, etc. <b>UNIT 20</b>	Suite, Apt. #, etc. <b>UNIT 20</b>
---------------------------------------	---------------------------------------

City & State <b>ST. AUGUSTINE, FL</b>	City & State <b>ST. AUGUSTINE, FL</b>
--	--

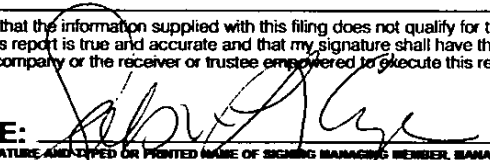
Zip <b>32086</b>	Country <b>ST. JOHNS</b>	Zip <b>32086</b>	Country <b>ST. JOHNS</b>
---------------------	-----------------------------	---------------------	-----------------------------

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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAGE, KERRI 663 BAHIA CT SAINT AUGUSTINE, FL 32086</b> <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	<b>VP CYE, SABRINA 108 LOBELLA ST SAINT AUGUSTINE, FL 32086</b> <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
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 exemptions contained in Chapter 119, 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.	
<b>SIGNATURE:</b> 	<b>4-03-07 904-794-7822</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date Daytime Phone #</small>