

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

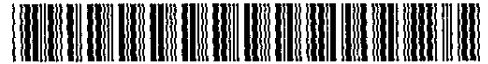
**DOCUMENT # L04000047921**

1. Entity Name  
**SERNA, LLC**



Principal Place of Business  
**2880 EVERGREEN WAY  
COOPER CITY, FL 33026**

Mailing Address  
**2880 EVERGREEN WAY  
COOPER CITY, FL 33026**



01112006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1290078**

Applied For  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SERNA, ANDY  
2880 EVERGREEN WAY  
COOPER CITY, FL 33026**

**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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE **P**  
NAME **SERNA, ANDY**  
STREET ADDRESS **2880 EVERGREEN WAY**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **S**  
NAME **SERNA, ADRIANA**  
STREET ADDRESS **2880 EVERGREEN WAY**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE **VP**  
NAME **SERNA, MAURICIO**  
STREET ADDRESS **2880 EVERGREEN WAY**  
CITY-ST-ZIP **COOPER CITY, FL 33026**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1000000388391  
01/20/06-80003-001 50.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

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

*Andy Serna Pres.*

*01/13/06*

Date

*(954) 885-8068*

Daytime Phone #