


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 08:00 A
Secretary of State

DOCUMENT # L05000036833	
1. Entity Name SERENOA LLC	

Principal Place of Business 225 NEW MARKET ROAD IMMOKALEE, FL 34142	Mailing Address PO BOX 760 FELDA, FL 33930
---	--

DO NOT WRITE IN THIS SPACE



02052007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1248429	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BIGEISEN, STANLEY
20280 CALICE COURT
#903
ESTERO, FL 33928**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SRB TRADING, INC. 20280 CALICE COURT, #903 ESTERO, FL 33928
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM NATURAL MEDICINALS, INC. 450 CHURCH ROAD FELDA, FL 33930
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SENATUS, BENET 1013 MADISON AVE. IMMOKALEE, FL 34132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RODRIGUE, TILOR 10641 BAYTREE COURT LEHIGH ACRES, FL 34142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TAYLOR, RONNIE 655 MUSCOGEE DRIVE NORTH FORT MYERS, FL 33903
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000627438
02/15/07-80062-012 50.00

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:  **2/5/07 564-719-9544**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #