

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036833

Entity Name: SERENOA LLC

FILED  
Jan 15, 2009  
Secretary of State

**Current Principal Place of Business:**

225 NEW MARKET ROAD  
IMMOKALEE, FL 34142

**New Principal Place of Business:**

**Current Mailing Address:**  
PO BOX 760  
FELDA, FL 33930

**New Mailing Address:**

FEI Number: 65-1248429      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BIGELEISEN, STANLEY  
20280 CALICE COURT  
#903  
ESTERO, FL 33928 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SRB TRADING, INC.,  
Address: 20280 CALICE COURT , #903  
City-St-Zip: ESTERO, FL 33928

Title: MGRM ( ) Delete  
Name: NATURAL MEDICINALS., INC.  
Address: 450 CHURCH ROAD  
City-St-Zip: FELDA, FL 33930

Title: MGRM ( ) Delete  
Name: SENATUS, BENET  
Address: 1013 MADISON AVE.  
City-St-Zip: IMMOKALEE, FL 34132

Title: MGRM ( ) Delete  
Name: RODRIGUE, TILOR  
Address: 10641 BAYTREE COURT  
City-St-Zip: LEHIGH ACRES, FL 34142

Title: MGRM ( ) Delete  
Name: TAYLOR, RONNIE  
Address: 655 MUSCOGEE DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STAN BIGELEISEN

MGR

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date