

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90142 025 ****55.00

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DOCUMENT # L05000101331 1. Entity Name SERENITY LIFE SUCCESS TRAINING, LLC					
Principal Place of Business 355 VOTAW ROAD APOPKA, FL 32703 US			Mailing Address 355 VOTAW ROAD APOPKA, FL 32703 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 11-3764209			Applied For Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent MALDONADO-ROSS, AMPARO 355 VOTAW ROAD APOPKA, FL 32703			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALDONADO-ROSS, AMPARO		NAME		
STREET ADDRESS	355 VOTAW ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	MGRM <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROSS, LAMAR		NAME		
STREET ADDRESS	355 VOTAW ROAD		STREET ADDRESS		
CITY-ST-ZIP	APOPKA, FL 32703		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: AMPARO MALDONADO-ROSS <i>[Signature]</i> 2/14/06 407-886-1392 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Day Daytime Phone #</small>					