2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90176 042 ***143.75

DOCUMENT # L06000080366

1. Entity Name

SERENITY MINDFULNESS CENTER, LLC

Principal Place of Business	Mailing Address
2248 MERRY ROAD TAVARES FL 32778	2248 MERRY ROAD TAVARES FL 32778

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1485 MORNINGSIDE DRIVE	1485 MORNINGSIDE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MOUNT DORA, FL	City & State: MOUNT DORA, FL
Zip: 32757 Country: U.S.A.	Zip: 32757 Country: U.S.A.

4. FEI Number: 03-0604009 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BRUNA, BEATRIZ E
2248 MERRY ROAD
TAVARES FL 32778

7. Name and Address of New Registered Agent

Name: BRUNA, BEATRIZ E
Street Address (P.O. Box Number is Not Acceptable): 1485 MORNINGSIDE DRIVE
City: MOUNT DORA FL Zip Code: 32757

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: Beatz E Bruna DATE: 3-28-2008

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE	MGR	☑ Change ☐ Addition
NAME	BRUNA, BEATRIZ E		NAME	BRUNA, BEATRIZ E	
STREET ADDRESS	2248 MERRY ROAD		STREET ADDRESS	1485 MORNINGSIDE DRIVE	
CITY-ST-ZIP	TAVARES FL 32778		CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 Section 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: Beatz E Bruna 3-28-2008 (352) 385-0103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #