

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006515

FILED
Jun 30, 2009
Secretary of State

Entity Name: SERENDIPITY SUPPLIES, LLC

Current Principal Place of Business:

325 SOUTH BISCAYNE BLVD
APARTMENT 2316
MIAMI, FL 33131 US

New Principal Place of Business:

500 BRICKELL AVE
APARTMENT 2407
MIAMI, FL 33131 US

Current Mailing Address:

325 SOUTH BISCAYNE BLVD
APARTMENT 2316
MIAMI, FL 33131 US

New Mailing Address:

500 BRICKELL AVE
APARTMENT 2407
MIAMI, FL 33131 US

FEI Number: 26-1815076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, GABRIELLA
325 SOUTH BISCAYNE
APARTMENT 2316
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

SMITH, GABRIELLA
500 BRICKELL AVE
APARTMENT 2407
MIAMI, FL 33131 US

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: GABRIELA SMITH

06/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, GABRIELLA
Address: 325 SOUTH BISCAYNE
City-St-Zip: BLVD APARTMENT 2316, FL 33131 US

Title: MGRM () Delete
Name: SMITH, ANTONIO
Address: 325 SOUTH BISCAYNE
City-St-Zip: BLVD APARTMENT 2316, FL 33131 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SMITH, GABRIELLA
Address: 500 BRICKELL AVE APT 2407
City-St-Zip: MIAMI, FL 33131 US

Title: MGRM (X) Change () Addition
Name: SMITH, ANTONIO
Address: 500 BRICKELL AVE APT 2407
City-St-Zip: MIAMI, FL 33131 US

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: GABRIELA SMITH

MAN

06/30/2009

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