

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013474

**FILED**  
**Apr 13, 2011**  
**Secretary of State**

**Entity Name:** SERAPHIM THERAPEUTIC ADULT DAY CARE, LLC

**Current Principal Place of Business:**

638 NE 83RD TER  
1, 2, 3, 4  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

638 NE 83RD TER  
1, 2, 3, 4  
MIAMI, FL 33138

**New Mailing Address:**

**FEI Number:** 34-2019467

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAYEN, JULIETTE M  
638 NE 83RD TER, #5  
MIAMI, FL 33138 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: DIR  
Name: PAYEN, JULIETTE M  
Address: 638 NE 83 TER., #4  
City-St-Zip: MIAMI, FL 33138

I hereby 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: JULIETTE PAYEN

DIR

04/13/2011

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