

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077569

FILED
Apr 05, 2009
Secretary of State

Entity Name: SERENITY INVESTMENTS & HOLDINGS, LLC

Current Principal Place of Business:

4290 HIGHBORNE DR.
MARIETTA, GA 30066

New Principal Place of Business:

1241 N. BURGANDY TRAIL
JACKSONVILLE, FL 32259

Current Mailing Address:

4290 HIGHBORNE DR.
MARIETTA, GA 30066

New Mailing Address:

1241 N. BURGANDY TRAIL
JACKSONVILLE, FL 32259

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHARP, DUDLEY Q JR, ESQ
369 N. NEW YORK AVE. 3RD FLOOR
WINTER PARK, FL 32789 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: MGR () Delete
Name: O'LEARY, THOMAS J
Address: 4290 HIGHBORNE DR.
City-St-Zip: MARIETTA, GA 30066

Title: MGR () Delete
Name: O'LEARY, KATHY
Address: 4290 HIGHBORNE DR.
City-St-Zip: MARIETTA, GA 30066

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'LEARY, THOMAS J
Address: 1241 N. BURGANDY TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGR (X) Change () Addition
Name: O'LEARY, KATHY
Address: 1241 N. BURGANDY TRAIL
City-St-Zip: JACKSONVILLE, FL 32259

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: THOMAS J. O' LEARY

MGR

04/05/2009

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