

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100851

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Entity Name:** SERENITY NOW MASSAGE THERAPY, PL

**Current Principal Place of Business:**

1112 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

1112 3RD STREET SOUTH  
JACKSONVILLE BEACH, FL 32250 US

**New Mailing Address:**

**FEI Number:** 26-3940720

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SILVESTRI, AMBER  
613 11TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250 US

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

SHAURER, AMBER  
613 11TH AVE NORTH  
JACKSONVILLE BEACH, FL 32250 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: AMBER SHAURER

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAURER, AMBER  
Address: 613 11TH AVE NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: AMBER SHAURER

MGRM

03/19/2010

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