2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L08000106026

Entity Name: SERENITY HEALTH SPA, LLC

Current Principal Place of Business:

2295 HIAWASSEE ROAD
SUITE 209
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

2101 WEST STATE ROAD 434
SUITE 201
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 80-0301614 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JOHNSON, CLINT L
2101 WEST STATE ROAD 434
SUITE 201
LONGWOOD, FL 32779 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:	MGRM	( ) Delete
Name:	JOHNSON, CLINT L	
Address:	2295 HIAWASSEE ROAD , SUITE 209	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGR	(X) Delete
Name:	MORINGLANE, RAULSON	
Address:	2295 HIAWASSEE ROAD, SUITE 209	
City-St-Zip:	ORLANDO, FL 32835	
Title:	MGR	(X) Delete
Name:	MAHONEY, DERRICK SR.	
Address:	2295 HIAWASSEE ROAD, SUTIE 209	
City-St-Zip:	ORLANDO, FL 32835	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: CLINT JOHNSON MGRM 01/23/2009

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