

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000086375

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** SERENITY ASSISTED LIVING FACILITY, LLC

**Current Principal Place of Business:**

19 SHRELL LANE  
QUINCY, FL 32351

**New Principal Place of Business:**

308 SOUTH PATTON STREET  
QUINCY, FL 32351

**Current Mailing Address:**

19 SHRELL LANE  
QUINCY, FL 32351

**New Mailing Address:**

308 SOUTH PATTON STREET  
QUINCY, FL 32351

**FEI Number:** 27-0912084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

IVEY, BARBARA  
19 SHRELL LANE  
QUINCY, FL 32351 US

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

CULVER, MICHELLE  
74 SHRELL LANE  
QUINCY, FL 32351 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:** MICHELLE CULVER

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** HARRELL-CULVER, MICHELLE  
**Address:** 74 SHRELL LANE  
**City-St-Zip:** QUINCY, FL 32351

**Title:** MGR  
**Name:** DILWORTH, PRISCILLA  
**Address:** 308 SOUTH PATTON STREET  
**City-St-Zip:** QUINCY, FL 32351

**Title:** MGR  
**Name:** IVEY, BARBARA  
**Address:** 415 TALQUIN RESORTS DRIVE  
**City-St-Zip:** QUINCY, FL 32351

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:** PRISCILLA DILWORTH

DIR

04/27/2010

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