

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 23, 2000 08:00 AM
Secretary of State

DOCUMENT # L99000007279

1. Entity Name
SERENITY ON THE BAY, L.L.C.

Principal Place of Business 177 INDIAN MOUND TRAIL TAVERNIER FL 33070	Mailing Address 177 INDIAN MOUND TRAIL TAVERNIER FL 33070
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2. Principal Place of Business	3. Mailing Address 175 INDIAN MOUND TRAIL
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State TAVERNIER FL
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Zip	Country	Zip	Country
33070		33070	

4. FEI Number 65-0959186	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAAD RANDALL
175 INDIAN MOUND TRAIL

TAVERNIER FL 33070 US

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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 _____ DATE 01/23/2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAAD SHIRLEY	
STREET ADDRESS	175 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAAD ROBERT	
STREET ADDRESS	175 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAAD LAURIE	
STREET ADDRESS	175 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BAAD RANDALL	
STREET ADDRESS	175 INDIAN MOUND TRAIL	
CITY-ST-ZIP	TAVERNIER FL 33070	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.