

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000076168

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** SERENITY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

299 PARK ST  
MIAMI SPRINGS, FL 33166

**New Principal Place of Business:**

688 SOUTH DRIVE  
MIAMI SPRINGS, FL 33166

**Current Mailing Address:**

299 PARK ST  
MIAMI SPRINGS, FL 33166

**New Mailing Address:**

688 SOUTH DRIVE  
MIAMI SPRINGS, FL 33166

FEI Number: 26-3169606

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: ALVARADO, DAVID T PRESID.  
Address: 688 SOUTH DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: MS. ( ) Change (X) Addition  
Name: ABUDIE, MICHELLE VP  
Address: 688 SOUTH DRIVE  
City-St-Zip: MIAMI SPRINGS, FL 33166

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: MICHELLE ABUDEI

VP

01/19/2009

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