

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000176716

**Entity Name:** SEREN SOIGNE LLC

**Current Principal Place of Business:**

851 S STATE ROAD 434  
STE 1070 PMB 1075  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

PO BOX 616451  
ORLANDO, FL 32861 US

**FEI Number:** 85-2029887

**Certificate of Status Desired:** No

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

THOMAS, SERENNAH  
851 S STATE ROAD 434  
STE 1070 PMB 1075  
ALTAMONTE SPRINGS, FL 32714 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:** SERENNAH THOMAS

04/18/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           THOMAS , SERENNAH  
Address        851 S STATE ROAD 434  
                  STE 1070 PMB 1075  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SERENNAH THOMAS

MANAGER

04/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date