

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000030935

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

**Current Principal Place of Business:**

5806 SE ROSEMONT AVE  
STUART , FL 34997

**Current Mailing Address:**

PO BOX 1140  
PALM CITY, FL 34990 US

**FEI Number:** 45-4654118

**Certificate of Status Desired:** No

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

RILEY, MICHELE L  
5806 SE ROSEMONT AVE  
STUART , FL 34997 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:** MICHELE L RILEY

03/01/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AUTHORIZED MEMBER
Name	RILEY, MICHELE L	Name	RILEY, MATTHEW THOMAS
Address	5806 SE ROSEMONT AVE	Address	5806 SE ROSEMONT AVE
City-State-Zip:	STUART FL 34997	City-State-Zip:	STUART FL 34997

*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:** MICHELE RILEY

MANAGER

03/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date