

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000088649

**Entity Name:** SERENITY VILLAGE INSURANCE & CONSULTING, LLC

**Current Principal Place of Business:**

3411 S DALE MABRY HWY  
STE C  
TAMPA, FL 33629

**Current Mailing Address:**

3411 S DALE MABRY HWY  
STE C  
TAMPA, FL 33629 US

**FEI Number:** 46-0531209

**Certificate of Status Desired:** No

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

JAMES, MICHELLE  
382 NE 191ST STREET  
54497  
MIAMI, FL 33179 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HARTFIELD, GARY  
Address 1403 4TH STREET  
City-State-Zip: LARGO FL 33770

Title MGRM  
Name JAMES, MICHELLE  
Address 382 NE 191ST STREET # 54497  
City-State-Zip: MIAMI FL 33179

*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:** MICHELLE JAMES

**MANAGING MEMBER**

**03/02/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date