

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000088649

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

**Current Principal Place of Business:**

3420 S DALE MABRY HWY  
STE S  
TAMPA, FL 33629

**Current Mailing Address:**

3420 S DALE MABRY HWY  
STE S  
TAMPA, FL 33629 US

**FEI Number:** 46-0531209

**Certificate of Status Desired:** No

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

HARTFIELD, GARY  
3420 S DALE MABRY HWY  
STE S  
TAMPA, FL 33629 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:** GARY T. HARTFIELD

04/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name HARTFIELD, GARY  
Address 3420 S. DALE MABRY HWY  
UNIT S  
City-State-Zip: TAMPA FL 33629

*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:** GARY T HARTFIELD

MANAGING MEMBER

04/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date