# 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.

MGRM

#### SIGNATURE: GARY HARTFIELD

Electronic Signature of Signing Authorized Person(s) Detail

#### 2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

## 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

## 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

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

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

Jan 15, 2019	
Secretary of State	
6805843273CR	

FILED

Certificate of Status Desired: No

01/15/2019 Date

01/15/2019 Date