

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088649

Entity Name: SERENITY VILLAGE INSURANCE & CONSULTING, LLC

Current Principal Place of Business:

5825 S DALE MABRY HWY
TAMPA, FL 33611

Current Mailing Address:

5825 S DALE MABRY HWY
TAMPA, FL 33611

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	Title	MGRM
Name	HARTFIELD, GARY	Name	JAMES, MICHELLE
Address	1403 4TH STREET	Address	382 NE 191ST STREET # 54497
City-State-Zip:	LARGO FL 33770	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

MGR

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date