## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000088649

Entity Name: SERENITY INSURANCE, 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

FILED Apr 30, 2013

**Secretary of State** 

CC5678459986

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name HARTFIELD, GARY Name JAMES, MICHELLE

Address 700 S HARBOUR ISLAND APT # 407 Address 382 NE 191ST STREET # 54497

City-State-Zip: TAMPA FL 33602 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MICHELLE JAMES

MGR MEMBER 04/30/2013

Date