# Entity Name: SERENITY VILLAGE INSURANCE & CONSULTING, LLC

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# Current Principal Place of Business:

3420 S DALE MABRY HWY STE S TAMPA, FL 33629

## **Current Mailing Address:**

DOCUMENT# L12000088649

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 :

TitleMGRMNameHARTFIELD, GARYAddress3420 S. DALE MABRY HWY<br/>UNIT SCity-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

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

04/12/2023 Date

Date

PRESIDENT

04/12/2023