

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000031628

**Entity Name:** SERENITY HEALING HANDS, LLC

**Current Principal Place of Business:**

419 NE 36TH AVE  
OCALA, FL 34470

**Current Mailing Address:**

2720 NE 52ND CT  
APT 24  
SILVER SPRINGS, FL 34488 US

**FEI Number:** 37-1710286

**Certificate of Status Desired:** No

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

SERRANO, LYDIA M  
2720 NE 52ND CT  
APT 24  
SILVER SPRINGS, FL 34488 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:** LYDIA M SERRANO

01/09/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	MANAGER
Name	SERRANO, LYDIA M	Name	BETTE, PFAFFLE
Address	2720 NE 52ND CT APT 24	Address	6470 NE 2ND PL
City-State-Zip:	SILVER SPRINGS FL 34488	City-State-Zip:	OCALA FL 34470

*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:** LYDIA SERRANO

PRESIDENT

01/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date