

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000006967

Entity Name: SERENITY COVE TREATMENT CENTER, LLC

Current Principal Place of Business:

11924 NW 12 STREET
PEMBROKE PINES, FL 33026

Current Mailing Address:

11924 NW 12 STREET
PEMBROKE PINES, FL 33026

FEI Number: 46-4492274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADIGUN, OLULEYE T
11924 NW 12 STREET
PEMBROKE PINES, FL 33026 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 MGR
Name ADIGUN, ELIZABETH O
Address 11924 NW 12 STREET
City-State-Zip: PEMBROKE PINES FL 33026

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: ELIZABETH ADIGUN

OWNER

04/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date