

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000084396

**Entity Name:** SERENE THERAPIES LLC

**Current Principal Place of Business:**

1525 S ALAFAYA TRAIL  
#102  
ORLANDO, FL 32828

**Current Mailing Address:**

10620 WHITESTONE CT  
ORLANDO, FL 32817

**FEI Number:** 47-4173060

**Certificate of Status Desired:** No

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

POLO, JOCELYN  
1525 S ALAFAYA TRAIL  
#102  
ORLANDO, FL 32828 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                         | Title           | MGR                         |
| Name            | POLO, JOCELYN               | Name            | RAMIREZ, MELISSA            |
| Address         | 1525 S ALAFAYA TRAIL<br>102 | Address         | 1525 S ALAFAYA TRAIL<br>102 |
| City-State-Zip: | ORLANDO FL 32828            | City-State-Zip: | ORLANDO FL 32828            |

*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:** JOCELYN POLO

**MANAGER**

**04/30/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date