

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000142608

**Entity Name:** SERENE WELLNESS LLC

**Current Principal Place of Business:**

6742 FOREST HILL BLVD.  
SUITE 259  
GREEN ACRES, FL 33413

**Current Mailing Address:**

6742 FOREST HILL BLVD.  
SUITE 259  
GREEN ACRES, FL 33413

**FEI Number:** 47-1895082

**Certificate of Status Desired:** No

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

CIRIO, DANIELLE  
6742 FOREST HILL BLVD  
SUITE 259  
GREEN ACRES, FL 33413 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 CIRIO, DANIELLE  
Address 6742 FOREST HILL BLVD SUITE 259  
City-State-Zip: GREEN ACRES FL 33413

*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:** DANIELLE CIRIO

MGR

03/26/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date