

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000121277

Entity Name: SERENITY LAKE, LLC**Current Principal Place of Business:**1500 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134**Current Mailing Address:**1500 PONCE DE LEON BOULEVARD
CORAL GABLES, FL 33134 US**FEI Number:** 47-4580379**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 FCA MULTIFAMILY PARTNERS LLC
Address 1500 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title PRESIDENT
Name ESPINOSA, FRANK
Address C/O ELANDIS LLC
1500 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name LAWSON, JAMES THEODORE
Address C/O ELANDIS, LLC
1500 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name FLAIFEL, PABLO
Address 1500 PONCE DE LEON BOULEVARD
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name DEL VALLE, JORGE
Address C/O ELANDIS, LLC
1500 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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: JORGE DEL VALLE**SECRETARY****02/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date