

**2019 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****02/08/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date