

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000235063

Entity Name: SERENITY LANDING THERAPY, LLC

Current Principal Place of Business:

8443 N OAK RIVER WAY
HERNANDO, FL 34442

Current Mailing Address:

8443 N OAK RIVER WAY
HERNANDO, FL 34442 US

FEI Number: 82-3424728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICCOLLS, SHAWN M
8443 N OAK RIVER WAY
HERNANDO, FL 34442 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 AMBR
Name NICCOLLS, SHAWN M
Address 8443 N OAK RIVER WAY
City-State-Zip: HERNANDO FL 34442

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: SHAWN M NICCOLLS

LCSW

01/31/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date