

**2020 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

03/21/2020

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

\_\_\_\_\_  
Date