

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000278014

Entity Name: SERENITY ACCIDENT & INJURY CLINIC, LLC**Current Principal Place of Business:**1631 NORTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741**Current Mailing Address:**1631 NORTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741**FEI Number:** 83-2743861**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TERAN, LIBIA M
1631 NORTH JOHN YOUNG PKWY
KISSIMMEE, FL 34741 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	Title	AMBR
Name	TERAN, LIBIA MARGARITA	Name	ANDRADE, ROXANA
Address	2865 WINDSOR HILL DR	Address	10118 RED EAGLE DR
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	ORLANDO FL 32825
Title	AMBR		
Name	CALCANO, BEATRIZ A		
Address	1631 N. JOHN YOUNG PKWY		
City-State-Zip:	KISSIMMEE FL 34741		

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: LIBIA M TERAN**PRESIDENT****01/24/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date