

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000099431

**Entity Name:** SERENITY ENVISIONED PLLC

**Current Principal Place of Business:**

100 E SAMPLE RD., SUITE 300  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

100 E SAMPLE RD., SUITE 300  
POMPANO BEACH, FL 33064 US

**FEI Number:** 85-0743342

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

COUPET QUALITY CLINIC, P.A.  
100 E SAMPLE RD., SUITE 300  
POMPANO BEACH, FL 33064 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 SAINVIL, PH.D., CHRISTINE  
Address 100 E SAMPLE RD., SUITE 300  
City-State-Zip: POMPANO BEACH FL 33064

*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:** CHRISTINE SAINVIL, PH.D.

**OWNER/PRESIDENT**

**01/25/2023**

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

\_\_\_\_\_  
Date