

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000002477

**FILED**  
**Mar 17, 2017**  
**Secretary of State**  
**CC6784741583**

**Entity Name:** SERENITY LANE PSYCHOLOGICAL SERVICES, LLC

**Current Principal Place of Business:**

2425 E. COMMERCIAL BLVD.  
SUITE 400  
FORT LAUDERDALE, FL 33308

**Current Mailing Address:**

2425 E. COMMERCIAL BLVD.  
SUITE 400  
FORT LAUDERDALE, FL 33308 US

**FEI Number:** 46-1733808

**Certificate of Status Desired:** No

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

VIOLANTE, HEATHER R  
2425 E. COMMERCIAL BLVD.  
SUITE 400  
FORT LAUDERDALE, FL 33308 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:** HEATHER R. VIOLANTE

03/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	VIOLANTE, HEATHER R	Name	VIOLANTE, JONAH
Address	2425 E. COMMERCIAL BLVD., STE 400	Address	2425 E. COMMERCIAL BLVD., SUITE 400
City-State-Zip:	FORT LAUDERDALE FL 33308	City-State-Zip:	FORT LAUDERDALE FL 33308

*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:** DR. HEATHER R. VIOLANTE, PSY.D.

MANAGER

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date