

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000122667

Entity Name: SERENITY HOUSE DETOX PALM BEACH, LLC**Current Principal Place of Business:**3650-3670 N.E. INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957**Current Mailing Address:**3650-3670 N.E. INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957 US**FEI Number:** 46-3535656**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LAW OFFICE OF ADAM I. SKOLNIK, P.A.
1761 WEST HILLSBORO BOULEVARD
SUITE 207
DEERFIELD BEACH, FL 33442 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:** ADAM I. SKOLNIK**02/23/2023**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AUTHORIZED MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	BETTER SOUL, INC.	Name	LITTLETON, JAMIE
Address	2973 HARBOR BLVD PO BOX #140	Address	2973 HARBOR BLVD PO BOX #140
City-State-Zip:	COSTA MESA CA 92626	City-State-Zip:	COSTA MESA CA 92626
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	HOLLMEYER, THOMAS H	Name	COHEN, BRADLEY R
Address	C/O LAW OFFICE OF ADAM I. SKOLNIK, P.A. 1761 WEST HILLSBORO BOULEVARD SUITE 207	Address	C/O LAW OFFICE OF ADAM I. SKOLNIK, P.A. 1761 WEST HILLSBORO BOULEVARD SUITE 207
City-State-Zip:	DEERFIELD BEACH FL 33442	City-State-Zip:	DEERFIELD BEACH FL 33442

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: ADAM I. SKOLNIK**AUTH. AGT.****02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date