

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000100248

**Entity Name:** SERENITY CAREFREE LIVING LLC

**Current Principal Place of Business:**

3105 TROPIC BLVD  
FORT PIERCE, FL 34946

**Current Mailing Address:**

3105 TROPIC BLVD  
FORT PIERCE, FL 34946

**FEI Number: 81-4169962**

**Certificate of Status Desired: Yes**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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	OMGR	Title	VMGR
Name	FREENEY-WILLIAMS, TERESA A	Name	WILLIAMS, STACEY L
Address	3105 TROPIC BLVD	Address	3105 TROPIC BLVD
City-State-Zip:	FORT PIERCE FL 34946	City-State-Zip:	FORT PIERCE FL 34946

*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: STACEY WILLIAMS** \_\_\_\_\_

**MANAGER**

**03/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date