

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000231861

**Entity Name:** SERENITY CARE ENTERPRISES, LLC

**Current Principal Place of Business:**

1193 SE PORT SAINT LUCIE BLVD.  
253  
PORT SAINT LUCIE, FL 34952

**Current Mailing Address:**

1193 SE PORT SAINT LUCIE BLVD.  
253  
PORT SAINT LUCIE, FL 34952 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD.  
SUITE 36  
ORLANDO, FL 32822 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 JOHNSON, ISAAC III  
Address 1193 SE PORT SAINT LUCIE BLVD.  
253  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title AMBR  
Name JOHNSON, CONSTANCE J  
Address 1193 SE PORT SAINT LUCIE BLVD.  
253  
City-State-Zip: PORT SAINT LUCIE FL 34952

*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:** ISAAC JOHNSON III

AMBR

04/27/2021

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

\_\_\_\_\_  
Date