

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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.  
476 RIVERSIDE AVE.  
JACKSONVILLE, FL 32202 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:** CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES

11/07/2023

CORPORATION AGENTS, INC  
Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

AMBR

11/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date