

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000070726

**Entity Name:** SERENE WELLNESS & RECOVERY, LLC

**Current Principal Place of Business:**

1690 NE 191 ST  
SUITE 403  
NORTH MIAMI BEACH, FL 33179

**Current Mailing Address:**

1690 NE 191 ST  
SUITE 403  
NORTH MIAMI BEACH, FL 33179 US

**FEI Number:** 92-2375104

**Certificate of Status Desired:** No

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

HITZEL, KARINA E  
1690 NE 191 ST  
SUITE 403  
NORTH MIAMI BEACH, FL 33179 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 MGR  
Name HITZEL, KARINA E  
Address 1690 NE 191 ST SUITE 403  
City-State-Zip: NORTH MIAMI BEACH FL 33179

*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:** KARINA E. HITZEL

**MGR**

**04/26/2024**

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

\_\_\_\_\_  
Date