

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000438013

**Entity Name:** SERENITY GARDEN ASSISTED LIVING LLC

**Current Principal Place of Business:**

579 SW ASTER RD  
PORT SAINT LUCIE, FL 34953

**Current Mailing Address:**

445 NW 36TH AVE  
POMPANO BEACH, FL 33069 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

SAVOIX, RUBY  
445 NW 36TH AVE  
POMPANO BEACH, FL 33069 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 SAVOIX, RUBY  
Address 445 NW 36TH AVE  
City-State-Zip: POMPANO BEACH FL 33069

Title MRG  
Name SAVOIX, NIKENSON  
Address 445 NW 36TH AVE  
City-State-Zip: POMPANO BEACH FL 33069

*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:** NIKENSON SAVOIX

MGR

09/19/2024

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

\_\_\_\_\_  
Date