

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000032815

**Entity Name:** SCIRON, LLC

**Current Principal Place of Business:**

19263 SKYRIDGE CIRCLE  
BOCA RATON, FL 33498

**Current Mailing Address:**

19263 SKYRIDGE CIRCLE  
BOCA RATON, FL 33498

**FEI Number:** 20-2617234

**Certificate of Status Desired:** No

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

SHEVIN, ADAM R  
SUNTRUST INTERNATIONAL CENTER  
ONE SOUTHEAST THIRD AVE STE 2950  
MIAMI, FL 33131 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 MGRM  
Name MOED, ANDREW  
Address 19263 SKYRIDGE CIRCLE  
City-State-Zip: BOCA RATON FL 33498

Title MGRM  
Name BRAND, KEVIN  
Address 7 LOGGING ROAD  
City-State-Zip: WACCABUC NY 10597

*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:** ANDREW MOED

MGRM

03/19/2014

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

\_\_\_\_\_  
Date