

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000009234

**FILED**  
**Mar 18, 2019**  
**Secretary of State**  
**5801018298CC**

**Entity Name:** KEYRAN LLC

**Current Principal Place of Business:**

8TH FLOOR, UNION HOUSE UNION STREET  
ST HELIER, JERSEY JE2 3RF

**Current Mailing Address:**

8TH FLOOR, UNION HOUSE UNION STREET  
ST HELIER, JERSEY JE2 3RF JE

**FEI Number:** 30-0785241

**Certificate of Status Desired:** No

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

APEX CORPORATE SERVICES LLC  
1666 KENNEDY CAUSEWAY  
SUITE 412  
NORTH BAY VILLAGE, FL 33141 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:** ALEX HLAVACEK

03/18/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BRACKEN-SMITH, LOUISE MARTHA  
Address CHATEAUBRIAND  
LA RUE DE GUILLEAUME ET  
DANNEVILLE  
City-State-Zip: ST MARTIN JE3 6DP

Title MGR  
Name FALLE, CHRISTIAN VERNON  
Address 4 LIEU AU GUERDAIN LA RUE DE LA  
MONNAIE  
City-State-Zip: TRINITY JE3 5DG

Title MGR  
Name TOUDIC, DARREN GRAHAM  
Address MANOR VIEW  
LA ROUTE D'EBENEZER  
City-State-Zip: TRINITY JE3 5DT

Title MGR  
Name WILKINSON, JUSTINE MARY  
Address ELMFIELD  
LA ROUTE DE TRODEZ  
City-State-Zip: ST OUEN JE3 2GA

Title MGR  
Name ANDREWS, MARK ANTHONY  
Address WOODTHORPE  
LA POUQUELAYE  
City-State-Zip: ST HELIER JE2 3GF

*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:** LOUISE MARTHA BRACKEN-SMITH

MGR

03/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date