

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000044472

**Entity Name:** KEVRYN LLC

**Current Principal Place of Business:**

303 EAST 85TH STREET  
NEW YORK, NY 10028

**Current Mailing Address:**

303 EAST 85TH STREET  
NEW YORK, NY 10028 US

**FEI Number:** 45-4942106

**Certificate of Status Desired:** Yes

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

SULLIVAN, DANIEL J  
4128 VIA MIRADA  
SARASOTA, FL 34238 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	Title	AUTHORIZED MEMBER
Name	CRAYFISH, LLC	Name	CAMPION, SCOTT
Address	4128 VIA MIRADA	Address	185 EAST 85TH STREET APT 21G
City-State-Zip:	SARASOTA FL 34238	City-State-Zip:	NEW YORK NY 10128
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	GRISANTI, STEPHEN	Name	JASLOW, HOWARD
Address	301 ELIZABETH STREET APT 10K	Address	205 3RD AVENUE APT 6C
City-State-Zip:	NEW YORK NY 10012	City-State-Zip:	NEW YORK NY 10003
Title	AUTHORIZED MEMBER		
Name	MULE, PAUL		
Address	150 EAST 57TH STREET APT 29E		
City-State-Zip:	NEW YORK NY 10022		

*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:** DANIEL SULLIVAN

**CONTROLLER**

**03/28/2016**

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

\_\_\_\_\_  
Date