

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000047861

Entity Name: IKERNE LLC

Current Principal Place of Business:

4586 SW 179TH WAY
MIRAMAR, FL 33029

Current Mailing Address:

4586 SW 179TH WAY
MIRAMAR, FL 33029

FEI Number: 47-3314316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, PATRICIA
10451 SUNRISE LAKES BLVD BLDG 163 APT 203
SUNRISE, FL 33322 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 BROWN, ADAN
Address 4586 SW 179TH WAY
City-State-Zip: MIRAMAR FL 33029

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: ADAN BROWN

MGR

04/13/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date