

**2017 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

05/18/2017

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

\_\_\_\_\_ Date