

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000053330

**Entity Name:** KEEN ON YOU PHOTOGRAPHY LLC**Current Principal Place of Business:**3301 SW 13TH STREET  
APT T279  
GAINESVILLE, FL 32608**Current Mailing Address:**3301 SW 13TH STREET  
APT T279  
GAINESVILLE, FL 32608 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARNEUS, KEVIN  
3301 SW 13TH STREET  
APT U289  
GAINESVILLE, FL 32608 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	ARNEUS, KEVIN
Address	3301 SW 13TH STREET APT T279
City-State-Zip:	GAINESVILLE FL 32608

Title	AP
Name	ARNEUS, ANTONINE
Address	3301 SW 13TH STREET, APT U289
City-State-Zip:	GAINESVILLE FL 32608

Title	AMBR
Name	ZEPHIRIN, RICH K
Address	6104 WILLOUGHBY CIR
City-State-Zip:	LAKE WORTH FL 33463

Title	AP
Name	ARNEUS, NIXON
Address	3301 SW 13TH STEET
City-State-Zip:	GAINESVILLE FL 32608

Title	AP
Name	ARNEUS, AMBREANNA T
Address	3301 SW 13TH STREET, APT U289
City-State-Zip:	GAINESVILLE FL 32608

Title	AMBR
Name	DEMOSTHENE, GARRY
Address	6104 WILLOUGHBY CIR
City-State-Zip:	LAKE WORTH FL 33463

*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:** KEVIN ARNEUS**MANAGER****06/30/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date