

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010890

**Entity Name:** K.BROWNE PRODUCTIONS L.L.C.

**Current Principal Place of Business:**

4316 CYPRESS BAY COURT  
ORLANDO, FL 32822

**Current Mailing Address:**

4316 CYPRESS BAY COURT  
ORLANDO, FL 32822 UN

**FEI Number:** 87-2762162

**Certificate of Status Desired:** No

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

BROWNE, KEVAUGHN  
4316 CYPRESS BAY COURT  
ORLANDO, FL 32822 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            CEO  
Name            BROWNE, KEVAUGHN  
Address        4316 CYPRESS BAY COURT  
City-State-Zip: ORLANDO FL 32822

Title            AP  
Name            BROWNE, KEVIS  
Address        150 VENETIAN BAY CIR  
City-State-Zip: SANFORD FL 32771

Title            AMBR  
Name            HUGGINS, DARIASH  
Address        4316 CYPRESS BAY COURT  
City-State-Zip: ORLANDO FL 32822

Title            MGR  
Name            BROWNE, DEANO  
Address        4316 CYPRESS BAY COURT  
City-State-Zip: ORLANDO FL 32822

Title            MGR  
Name            BROWNE, KESEAN  
Address        4316 CYPRESS BAY COURT  
City-State-Zip: ORLANDO FL 32822

Title            MGR  
Name            BROWNE, DENNIS  
Address        8751FORT SHEA AVE  
City-State-Zip: ORLANDO FL 32822

*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:** BROWNE, KEVAUGHN

**CEO**

**03/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date